

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002250 (9)

1. Corporation Name
TEACHERS MANAGEMENT & INVESTMENT CORPORATION



Principal Place of Business: **3151 AIRWAY AVE. SUITE I-3 COSTA MESA CA 92626**
Mailing Address: **3151 AIRWAY AVE. SUITE I-3 COSTA MESA CA 92626**

3. Date Incorporated or Qualified: **05/13/1993**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **95-2477524**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**LOEB, DAVID
106 ALAMEDA CT
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name: **Anne Bennett**
82 Street Address (P.O. Box Number is Not Acceptable): **1000 NW 103 St.**
83
84 City: **Miami** FL 85 Zip Code: **33169**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-19-96**

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SHUMAN, MAURICE B	
STREET ADDRESS	3151 AIRWAY AVE., #I-3	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MARTIN, JAMES R	
STREET ADDRESS	3151 AIRWAY AVE., #I-3	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOGDAN, JAMES V	
STREET ADDRESS	3151 AIRWAY AVE., #I-3	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRICK, PHILLIP	
STREET ADDRESS	3151 AIRWAY AVE., #I-3	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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[Signature]
4-24-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: *[Signature]* **JAMES R. MARTIN** DATE: **3/14/96**

CR2E034 (12/95)