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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 05 1996 8:00 am  
Secretary of State

DOCUMENT # H12129 (3)

1. Corporation Name

MANAGEMENT AFFILIATES, INC.

Principal Place of Business

C/O SCOTT MILLER  
601 EAST ROLLINS STREET  
ORLANDO FL 32803  
US

Mailing Address

C/O SCOTT MILLER  
601 EAST ROLLINS STREET  
ORLANDO FL 32803  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT MILLER  
601 E. ROLLINS ST  
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Scott Miller*

(NOTE: Registered Agent signature required when reappointing)

2-8-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SAGER, BILL  
STREET ADDRESS 1545 W. POINSETTIA DR  
CITY-ST-ZIP AVON PARK FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME COE, WALLACE  
STREET ADDRESS PO BOX 63330 N/A  
CITY-ST-ZIP DELTONA FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME WELCH, WALLY  
STREET ADDRESS 1991 LINNEAL BEACH DR  
CITY-ST-ZIP APOPKA FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME SHERMAN, BETTY ROSE  
STREET ADDRESS 728 KIWI CIRCLE  
CITY-ST-ZIP WINTER PARK FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME CARUBBA, HENRY  
STREET ADDRESS 307 PARK PLACE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ROLL, HAROLD  
STREET ADDRESS 729 MAY DAY DR  
CITY-ST-ZIP APOPKA FL

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 119.07(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 with an address.

SIGNATURE:

*Scott Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 (407) 897-1511

Date

Daytime Phone #

CR2E034 (12/95)