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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32803-1273  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/10/1984

3a. Date of Last Report

03/05/1996

4. FEI Number

59-2441645

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

SCOTT MILLER  
601 E. ROLLINS ST  
ORLANDO FL 32803

81 Nam

82 Street

83

84 City

10. Name and Address of New Registered Agent

DEBORAH METCALFE  
601 E. ROLLINS ST  
ORLANDO, FL 32803

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

*Deborah Metcalfe*

*Deborah Metcalfe Assy. Sec.*

1/29/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME  
ASD  
DEBORAH METCALFE  
STREET ADDRESS  
1505 GRASSY RIDGE LANE  
CITY - ST - ZIP  
APOPKA, FL 32712

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Deborah Metcalfe* *Deborah Metcalfe* 1/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)