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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H25250** **(2)**

1. Corporation Name

MANAGEMENT INVESTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
13825 US HWY 19 STE 404 HUDSON FL 34667 US	13825 US HWY 19 STE 404 HUDSON FL 34667 US

2. Principal Place of Business	2a. Mailing Address
21 13825 U.S. HWY 19	26 13825 U.S. HWY 19
Suite, Apt. #, etc. 22 STE. 400	Suite, Apt. #, etc. 27 STE. 400
City & State 23 HUDSON, FL 34667	City & State 28 HUDSON, FL 34667
Zip / Country 24 34667 / 25 US	Zip / Country 29 34667 / 30 US

3. Date Incorporated or Qualified: **10/11/1984**

3a. Date of Last Report: **07/13/1995**

4. FEI Number: **59-2473859** ☐ 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 XXX Yes ☐ No

9. Name and Address of Current Registered Agent

SHORT, JOHN M.
13825 U.W. 19 #304
STE 404
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: SHORT, JOHN M.
82 Street Address (P.O. Box Number is Not Acceptable): 13825 U.S. HWY 19
83: STE. 400
84 City: HUDSON FL 85 Zip Code: 34667

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PTSD** **SHORT, JOHN M.** **13825 US 19 STE 404** **HUDSON FL** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTSD SHORT, JOHN M. 13825 US HWY 19, STE. 400 HUDSON, FL 34667 ☒ Change ☐ Addition Address onl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: John M Short 3-29-96 813-863-2955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)