

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0024061

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90045 046 \*\*\*150.00

DOCUMENT # J10176

1. Corporation Name MANAGEMENT ADVISORY GROUP, INC.



Principal Place of Business 824 N. HALIFAX AVENUE DAYTONA BEACH FL 32118  
Mailing Address 824 N. HALIFAX AVENUE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

|                                |                   |                     |                   |  |  |
|--------------------------------|-------------------|---------------------|-------------------|--|--|
| 2. Principal Place of Business |                   | 2a. Mailing Address |                   | 3. Date Incorporated or Qualified  |  |
| 21                             | 507 DORSET CIRCLE | 26                  | 507 DORSET CIRCLE | 04/18/1986   |  |
| Suite, Apt. #, etc.            |                   | Suite, Apt. #, etc. |                   | 4. FEI Number  |  |
|                                |                   |                     |                   | 59-2660918   |  |
| 22                             | City & State      | 27                  | City & State      | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23                             | SOUTH DAYTONA FL  | 28                  | SOUTH DAYTONA FL  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| 24                             | Zip 32119         | 29                  | Zip 32119         | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| QUIGLEY, PATRICIA A.<br>507 DORSET CIRCLE<br>SOUTH DAYTONA FL 32019 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | DP <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUIGLEY, PATRICIA A.                | 1.2 NAME  |   |
| STREET ADDRESS             | 507 DORSET CIRCLE                   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SOUTH DAYTONA FL                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DVP <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUIGLEY, RICHARD F.                 | 2.2 NAME  |   |
| STREET ADDRESS             | 507 DORSET CIRCLE                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SOUTH DAYTONA FL                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

14. I 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, with all other like empowered.

SIGNATURE: RICHARD F. QUIGLEY Date: 2-5-99 Daytime Phone #: 904-304-8339

CR2E034 (11/98)