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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 17 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J39720

(4)

MPH ASSOCIATES, INC.

SIGNATURE:

							. a		
Principal Place of Business Mailing Address							1:01 BIEN BINN A	1011 01011	TIEII INDI
943 CLINT MO BOCA RATON		943 CLINT MOORE RD. BOCA RATON FL 33487-280							
						3. Date Incorporated or Qualified 10/28/1986	3a. Date of 02/20/1		∋p ort
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number	Applied For		
21		26				59-2732415 Not Applica			·····
Suite, Apt	#, etc	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			8. This corporation has liability for intengible tax under s. 199.032,			
24	25		30			Florida Statutes Yes No			
	9, Name and Address of Currer	t Registered Agent				10. Name and Address of New Rec	intered Ager	<u>ıt</u>	
HER	se, martin p.			81	Name				
	CLINT MOORE ROAD CA RATON 33487			82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)	***	
ВОС	A NATUN 3340/		ŀ	83					
l				84	City		FL 85	5 Zip (Code
11 Pursuant t	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the at	201/6	e-named cor	poration submits this statement for the pr		poina it	e registered
office or re agent I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized rida Stat	d by utes	the corpora	tion's board of directors. I hereby accep	t the appointm	nent as	registered
SIGNATURE.	Signature, typed or printed name of registered ago	unt and little if applicable (NOTE	Registere	1 Age	not signeture recu	ired when reinsteting)	DATE		*************
12.		D DIRECTORS	13.		an organists rodo	ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE					Change	Addition
NAME	HEISE, MARTIN P.		1.2 NAME					•	_
STREET ADDRESS	943 CLINT MOORE RD.		1.3 STREE		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY - ST - ZIP		•			
TITLE	D	☐ DELETE	ETE 2.1 TITL					Change	Addition
NAME	BERSON, GERALD S.		2.2 NAME						
STREET ADORESS	943 CLINT MOORE RD.		2.3 STREET AD		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2. 4 CI		ST-ZIP	and the second s			
TITEE	D	☐ DELETE	ELETE 3.1 TITLE					Change	Addition
NAME	BERSON, ALAN S.		3.2 NAME						
STREET ADDRESS	7259 SPRINGSIDE WAY		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-2IP	MCLEAN VA		3.4. C	3.4. CITY - ST - ZIP					
TETLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET		ADDRESS				
CITY-ST-ZIP			4.4 CiTY - 1		IT-ZIP				
TITLE		DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 \$1	REET	ADDRESS				•
CITY-S1-ZIP			5.4 CITY - S		ir-zip	·			
TITLE		DELETE	61 TI	TLE				Change	Addition
NAME			62 N	ME					
STREET ADDRESS			6.3 ST	HEET	ADDRESS				
CITY-ST-ZIP			64 Ci	TY-S	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 suppliercental 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 elevenor 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, group at attachment with an address.