FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:35

DOCUMENT # **J95893** **(0)**

1. Corporation Name

MANAGEMENT PAYROLL SERVICES, INC.

Principal Place of Business	Mailing Address
% LAUREN B. KOONIN 325 FIFTH AVENUE INDIALANTIC FL 32903	% LAUREN B. KOONIN 325 FIFTH AVENUE INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1987
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2853453 ☐ 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

KOONIN, LAUREN B.
325 FIFTH AVENUE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	VOLKERT, LEON	1.2 NAME		
STREET ADDRESS	4116 N. OCEAN DR., #700	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE		☐ Change ☐ Addition
NAME	KOONIN, LAUREN B.	2.2 NAME		
STREET ADDRESS	325 FIFTH AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	Delete	☑ Change ☐ Addition
NAME	TORRES, MARK	3.2 NAME		
STREET ADDRESS	325 FIFTH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	GOLLEHON, LINDA	4.2 NAME		
STREET ADDRESS	4116 N. OCEAN DR., #700	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, CHARISSE A.	5.2 NAME		
STREET ADDRESS	325 FIFTH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	BENJAMIN, L.J.	6.2 NAME		
STREET ADDRESS	325 FIFTH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903	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)(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: L Koonin Lauren B. Koonin 1-24-95 407 725-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006825 CP