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FILED
Apr 21 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 # J95893

(0)

1. Corporation Name

MANAGEMENT PAYROLL SERVICES, INC.

Principal Place of Business

Mailing Address

% LAUREN B. KOONIN
825 FIFTH AVENUE
INDIALANTIC FL 32903

% LAUREN B. KOONIN
325 FIFTH AVENUE
INDIALANTIC FL 32903-4263

3. Date Incorporated or Qualified
10/05/1987

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

KOONIN, LAUREN B.
325 FIFTH AVENUE
INDIALANTIC FL 32903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 207

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

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS VOLKERT, LEON
CITY-ST-ZIP 4116 N. OCEAN DR., #700
LAUDERDALE BY THE SEA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME DST
STREET ADDRESS KOONIN, LAUREN B.
CITY-ST-ZIP 325 FIFTH AVENUE
INDIALANTIC FL

2.1 NAME ☐ Change ☐ Addition
2.2 STREET ADDRESS
2.3 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME AS
STREET ADDRESS GOLLEHON, LINDA
CITY-ST-ZIP 4116 N. OCEAN DR., #700
LAUDERDALE BY THE SEA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME AS
STREET ADDRESS HENDERSON, CHARISSE A.
CITY-ST-ZIP 325 FIFTH AVENUE
INDIALANTIC FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME AS
STREET ADDRESS BENJAMIN, L.J.
CITY-ST-ZIP 325 FIFTH AVENUE
INDIALANTIC FL 32903

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

LAUREN B. KOONIN 11-15-97 11-15-97

CR2E034 (9/96)