

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

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K52975 (5)
 1. Corporation Name
MANAGEMENT CONSULTING SPECIALIST, INC.



Principal Place of Business * JAMES E. CASTEEL 10991 SAN JOSE BLVD. UNIT 56 JACKSONVILLE FL 32223	Mailing Address * JAMES E. CASTEEL 10991 SAN JOSE BLVD. UNIT 56 JACKSONVILLE FL 32223-8655
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2. Principal Place of Business 21 <i>94 Sunowa Springs Trail</i> Suite, Apt. #, etc. 22 City & State 23 <i>Bryceville, FL</i> Zip 24 <i>32009</i> Country 25 <i>MOSSAU</i>	2a. Mailing Address 26 <i>RT. 2 Box 1450</i> Suite, Apt. #, etc. 27 City & State 28 <i>Bryceville, FL</i> Zip 29 <i>32009</i> Country 30 <i>MOSSAU</i>	3. Date Incorporated or Qualified 12/21/1988	3a. Date of Last Report 04/22/1996
		4. FEI Number 59-2932210	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CASTEEL, JAMES E. 10991 SAN JOSE BLVD., UNIT 56 JACKSONVILLE FL 32223	10. Name and Address of New Registered Agent 81 Name <i>Casteel, James E.</i> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>94 Sunowa Springs Trail</i> 84 City <i>Bryceville</i> FL 85 Zip Code <i>32009</i>
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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 NAME STREET ADDRESS CITY- ST- ZIP	DPTS CASTEEL, JAMES E. ROUTE 2 BOX 1450 BRYCEVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	<i>DM</i> <i>Casteel, Elizabeth F.</i> <i>RT 2 Box 1450</i> <i>Bryceville, FL 32009</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James E. Casteel* **JAMES E. CASTEEL** *April 2, 97* **904-879-5374**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)