

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

FILED

Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K81307** (6)  
1. Corporation Name  
**MANAGEMENT ALTERNATIVES INTERNATIONAL, INC.**

Principal Place of Business  
**9363 SE COVE POINT ST  
TEQUESTA FL 33469**

Mailing Address  
**9363 SE COVE POINT ST  
TEQUESTA FL 33469**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1401 DOLIVE DRIVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1401 DOLIVE DRIVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/18/1989</b>	
22 <b>ORLANDO FL</b> City & State		27 <b>ORLANDO FL</b> City & State		4. FEI Number <b>65-0126841</b> Applied For <input type="checkbox"/> Not Applicable	
23 <b>32803</b> Zip		28 <b>32803</b> Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32803</b> Country		29 <b>32803</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CIELEWICH, SCOTT P. 9363 SE COVE POINT ST TEQUESTA FL 33469</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1401 DOLIVE DRIVE</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32803</b>	
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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	<b>DPS CIELEWICH, SCOTT P. 9363 SE COVE POINT ST TEQUESTA FL 33469</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1401 DOLIVE DRIVE ORLANDO, FL 32803</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CIELEWICH, SCOTT P. 9363 SE COVE POINT ST TEQUESTA FL 33469</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1401 DOLIVE DRIVE ORLANDO, FL 32803</b>
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 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: **Scott P. Cielewicz** 3/28/98 (407) 896-9343

CR2E034 (10/97)