

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

mp

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT 10 AM 10:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **L03600** (8)
 1. Corporation Name
MANAGEMENT PRESCRIPTIVES, INC.

Principal Place of Business: **POWERS, PYLES, SUTTER & VERVILLE, P.C. 1275 PENNSYLVANIA AVE NW THIRD FLOOR WASHINGTON DC 20004-2404 US**
 Mailing Address: **POWERS, PYLES, SUTTER & VERVILLE, P.C. 1275 PENNSYLVANIA AVE NW THIRD FLOOR WASHINGTON DC 20004-2404 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business MANAGEMENT PRESCRIPTIVES, INC.		2a. Mailing Address POWERS, PYLES, SUTTER & VERVILLE		3. Date Incorporated or Qualified 07/20/1989	3a. Date of Last Report 03/29/1996
21. Suite, Apt. #, etc. 5911-A BRECKENRIDGE PKWY	27. Suite, Apt. #, etc. 1875 I STREET, 12th FLOOR	4. FEI Number 65-0136711		Applied For Not Applicable	
22. City & State TAMPA, FLORIDA	28. City & State NW, WASHINGTON, DC	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip 33610	29. Zip 20006-5409	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country USA	30. Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SPENCER, DAVID S. 5911A BRECKENRIDGE PKWY TAMPA FL 33610		10. Name and Address of New Registered Agent			
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City		FL		B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CPD	NAME SPENCER, DAVID S.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5911-A BRECKENRIDGE PARKWAY	CITY-ST-ZIP TAMPA FL 33610	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE TD	NAME ANASTASIO, LANCE W.	1.4 CITY-ST-ZIP	
STREET ADDRESS 200 AVE. F, NE	CITY-ST-ZIP WINTER HAVEN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE DVP	NAME CHAISTAIN, GEORGE M. MD	2.3 STREET ADDRESS	
STREET ADDRESS 417 THIRD AVE.	CITY-ST-ZIP ALBANY GA	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME POWERS, GALEN D.	3.2 NAME	
STREET ADDRESS 1275 PENNSYLVANIA, AVE 3RD FLOOR	CITY-ST-ZIP WASHINGTON DC	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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, or on an attachment with an address.

SIGNATURE: _____ DATE: **11 Sep 1997**

Dep \$550

302-466-6550