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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Morthar.

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # L17239	9 (9)				
MANAGEMENT RESEARCH AND SALES, INC:						
(VIA)(VA)	SEMICIAL DESCRIPCIT MAD C	ALLO, ING.		E INDELNET WAS INDIE INDIE FERNA FRIEN INDIE ATRES DIEDE NOOE DE NEED	IS STATE PROJECTION	
Principal Place of Business Mailing Address						
C/O BOB REDMAN C/O BOB REDMAN						
P. O. 80X 601161 P. O. BOX 601161 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160			1 23160	DO NOT WRITE IN THIS SPACE		
I ITOTITI MINIM	BEROTTE SOTO	NOTITI MINGI DENGITI	L 30100	3. Date incorporated or Qualified	· 	
				09/20/1989		
2. Principal Place of Business 2a. Mailing Address			4- FEI Number	Applied For		
21 26			65-0145209	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			I D. Certificate of Status Desiron I I T	75 Additional e Required		
City & State City & State			 	.00 May Be		
23					ded to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year		
24	25	29	30	Personal Property Tax due June 30. 🗹 Yes	☐ No	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent	<u> </u>	
GOLDMAN, BRUCE 3.						
2701 LE JEUNE ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUITE 404 CORAL GABLES FL 33134			83			
CORAL GABLES PL 33134						
			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					· ·	
				legistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	DP OFFICERS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
NAME	REDMAN, ROBERT J.		1.2 NAME			
STREET ADDRESS	2310 NE 183RD TERR.		1.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		1	
TITLE	DVT	DELETE	2.1 TITLE	. Chai	nge Addition	
NAME	REDMAN, MYRA J.		2.2 NAME			
STREET ADDRESS	2310 NE 183RD TERR.		2.3 STREET ADDRESS		J	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE		L] DELETE	3.1 TITLE	i Chai	nge 📙 Addition	
NAME			3.2 NAME		i	
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		<u> </u>	
TITLE		DELETE	4.1 TITLE	☐ Cha	nge Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			4,4 CITY-ST-ZIP.			
TITLE		☐ DELETE	5.1 TITLE	Char	nge Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		j	
CITY-ST-ZIP		I perce	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	Char	nge 📙 Addition	
NAME			6.2 NAME		j	
STREET ADDRESS			6.3 STREET ADDRESS			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

FILED

Feb 09 1998 8:00am

Secretary of State