

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:37

**DOCUMENT # L19075 (5)**

1. Corporation Name

**M.R. MANAGEMENT SYSTEMS, INCORPORATED**

Principal Place of Business

16100 NW 2ND AVE.  
NORTH MIAMI BEACH FL 33169

Mailing Address

16100 NW 2ND AVE.  
NORTH MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1989** 3a. Date of Last Report **07/25/1994**

4. FEI Number **65-0201219** 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. 199.092, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GADISH, HELAYNE STERN**  
16100 N.W. 2ND AVENUE  
NORTH MIAMI BCH FL 33169

10. Name and Address of New Registered Agent

81 Name

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

83

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S**  
**GADISH, HELAYNE**  
**16100 N.W. 2ND AVENUE**  
**N. MIAMI BCH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T**  
**SCHWITZMAN, SHIRLEY**  
**942 NW 199TH ST.**  
**N. MIAMI BCH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**PRESIDENT & SECRETARY**  Change  Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Helayne Gadish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HELAYNE GADISH - PRES.**

**5/23/95**

**325-354-2002**