FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **L53546** **(2)**

1. Corporation Name
M. P. S. MANAGEMENT, INC.

Principal Place of Business
150 OCEAN LANE DRIVE
UNIT 1-A
KEY BISCAYNE FL 33149
US

Mailing Address
150 OCEAN LANE DRIVE
UNIT 1-A
KEY BISCAYNE FL 33149
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
02/22/1990

3a. Date of Last Report
12/15/1995

4. FEI Number
65-0181138
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. Does the corporation qualify for an eligible business under Section 288.0656, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MICHAEL SCHOBER
150 OCEAN LANE DRIVE
UNIT 1-A
KEY BISCAYNE FL 33149

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 607.0505 and 607.1605, 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. Self-designation by the corporation's officer, director, or agent that the appointment as registered agent has familiar with and accepts the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
P	SCHOBER, JANET	150 OCEAN LANE DRIVE	KEY BISCAYNE FL 33149	[ ] DELETE
VST	SCHOBER, MICHAEL	150 OCEAN LANE DRIVE	KEY BISCAYNE FL 33149	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, and this certificate, if a separate document is required to be filed pursuant to Section 119.07(5)(a), Florida Statutes. Further certify that the information indicated on the attached supplemental document is true and complete to the best of my knowledge and belief, and that I have authority to sign this document on behalf of the corporation. If the signature is by a director or officer, I certify that the information indicated on the attached document is true and complete to the best of my knowledge and belief, and that my name appears in Block 12 or Block 13 of this document, or I am a director or officer with authority to sign.

SIGNATURE: Michael Schober
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL SCHOBER

April 16, 1966 (305) 361-3782

CR2E034 (12/95)