

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L60046** (4)

1. Corporation Name
MANAGENET, INC.



Principal Place of Business: **2557 SW 23RD CRANBROOK DR. BOYNTON BCH FL 33436**
Mailing Address: **2557 SW 23RD CRANBROOK DR. BOYNTON BCH FL 33436**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Sube, Apt #, etc; City & State; Zip; Country.

3. Date Incorporated or Qualified: **03/26/1990**
3a. Date of Last Report: **04/24/1995**
4. FEE Number: **65-0192165**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GETSON, NORMAN B., ESQ.
2450 HOLLYWOOD BLVD.
SUITE 501
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS (DELETE) fields: TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (CHANGE/ADDITION) fields: 1-6. TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP.

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 199.07(3)(k), 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 appointment with an address.

SIGNATURE: *Kaye Lenzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KAYE LENZI/DIR.**

3/27/96

CR2E034 (12/95)