

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State
JAMES B. GUNTER, JR.

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M09348**

(7)

MANAGEMENT SERVICES, INC. OF BROWARD COUNTY

% GAYLE KELLER
5330 NE 6TH AVE.
FT LAUDERDALE FL 33334

% GAYLE KELLER
5330 NE 6TH AVE.
FT LAUDERDALE FL 33334

PRINTED IN THIS SPACE

2. Date of Incorporation		2a. Mailing Address		3. Date of Incorporation (if 2 is not)		3a. Date of Last Report	
21		26		12/27/1984		04/20/1994	
22		27		4. FIC Number		Applied For	
23		28		59-2473054		Not Applicable	
24		29		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes.		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

FISCHER, STEVEN, CPA
300 SOUTH PINE ISLAND ROAD
SUITE 110
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. I, the undersigned, am the person named in Sections 607.03(2) and 607.15(8), Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office to the address set forth in this report. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby accepting the obligations of Section 607.03(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from above)

Signature of New Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PST KELLER, GAYLE	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	5330 N.E. 6TH AVENUE	2. STREET ADDRESS	
CITY	OAKLAND PARK FL	3. CITY	
STATE		4. STATE	☐ Change ☐ Addition
ZIP		5. ZIP	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	☐ Change ☐ Addition
STATE		9. STATE	
ZIP		10. ZIP	
NAME		11. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	☐ Change ☐ Addition
STATE		14. STATE	
ZIP		15. ZIP	
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	☐ Change ☐ Addition
STATE		19. STATE	
ZIP		20. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), Florida Statutes. I further certify that the information is true and correct and that any signature shall have the same legal effect as if made under oath. That any additions or changes to the corporation or this report or those otherwise required to be on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

Gayle Keller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GAYLE KELLER PRESIDENT

5-5-95 (305) 776-5484