

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **M09348** (7)  
1. Corporation Name  
**MANAGEMENT SERVICES, INC. OF BROWARD COUNTY**



Principal Place of Business	Mailing Address
% GAYLE KELLER 5330 NE 6TH AVE. FT LAUDERDALE FL 33334	% GAYLE KELLER 5330 NE 6TH AVE. FT LAUDERDALE FL 33334

<b>3. Date Incorporated or Qualified</b> <b>12/27/1984</b>	<b>3a. Date of Last Report</b> <b>05/11/1995</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2473054</b>		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
Country		Country					
24		29					
25		30					

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

81	Name	Gayle L. Keller
82	Street Address (P.O. Box Number is Not Acceptable)	5330 NE 6th Avenue
83		
84	City	Ft. Lauderdale
85	Zip Code	33334

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: Gayle L. Keller

SIGNATURE: Gayle B. Nelson  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DAT

12 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	KELLER, GAYLE	
STREET ADDRESS	5330 N.E. 8TH AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition  
 2 2 NAME  
 2 3 STREET ADDRESS  
 2 4 CITY - ST - ZIP

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	800001795528

4 1 TITLE	-04/26/96--01019--008Change	<input type="checkbox"/> Addition
4 2 NAME	***200.00	
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>AEF</b>
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<b>4-25-4</b>

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 119.07(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 attachment with an address.

SIGNATURE: Gayle L. Keller Gayle L. Keller 4-22-96 (954) 776-5484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-B2E034 (12/95)