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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P04977** (5)

1. Corporation Name
MANAGED ACCESS RISK CORPORATION

Principal Place of Business
**5074 DORSEY HALL DR.
SUITE 205
ELLICOTT CITY MD 21042
US**

Mailing Address
**7301 NO 16TH ST.
#201
PHOENIX AZ 85020-5273
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1985		3a. Date of Last Report 03/04/1996	
21 7301 N. 16th St.		26		4. FEI Number 62-1176288		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite 201		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23 Phoenix, AZ		28					
Zip		Country		Zip		Country	
24 85020		25 Maricopa		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P. O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGLE, GEORGE E	1.2 NAME	
STREET ADDRESS	916 CAPITAL OF TEXAS HWY S	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUTSTINE TX 78748	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA, WENDY	2.2 NAME	
STREET ADDRESS	7301 N 16 ST #201	2.3 STREET ADDRESS	
CITY - ST - ZIP	PHOENIX AZ 85020	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGLE, MICHAEL G.	3.2 NAME	
STREET ADDRESS	5074 DORSEY HALL DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ELLICOTT CITY NY 21042	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP/CFO & Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGLE, GEORGE E.	4.2 NAME	W. JOSEPH MARTIN
STREET ADDRESS	7301 N 16 STREET #201	4.3 STREET ADDRESS	7301 N. 16TH, #201
CITY - ST - ZIP	PHOENIX AZ	4.4 CITY - ST - ZIP	PHOENIX, AZ 85020
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Wendy Sara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wendy Sara, Secretary 4-24-97 602-371-3860
Date Daytime Phone

CR2E034 (9/96)