## SÉCOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Aug 21 1997 8:00am Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

-	MENT # P39695 MANAGEMENT SERVICES (				
Principal Place of Business Mailing Address					
9000 W SHENDAN ST 900 W SHENDAN ST					
STE 140		STE 140			DO NOT HIDITE IN THIS SPACE
PEMBROKE PIN	ES FL 33024	PEMBROKE PINES FL 33024			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified   3a. Date of Last Report
US		US			07/20/1992 07/12/1996
2. Principal P	ace of Business	2e. Mailing Address			4. FEI Number   Applied For
21		26			65-0345012 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5 Cartificate of Status Depired \$8.75 Additional
22		27			Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23			28		Trust Fund Contribution
Zip	<b>1—1</b>		Country	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No
24	9. Name and Address of Current		30		Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent
- DEAL		I Itagistatou Agaitt	81	Name	
	STERED AGENT SERVICES CO				
STE.	BRICKELL AVE.		82	Street A	Address (P.O. Box Number is Not Acceptable)
	300 AI FL 33131		83		
WIL	III FL 33131				
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abooffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statut				e-named the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statute:	S.	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title II applicable. (NOTE:	Registered Age	ent signature	re required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE 1.11		1.1 TITLE		Change Addition
NAME GODDARD, JOSEPH NATHANIEN		N	1.2 NAME		
STREET ADDRESS   CARLISLE HOUSE, HINKS ST		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	BRIDGETOWN, BARBADOS		1.4 CITY-ST-		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	ayborno; coent acrite		2.2 NAME		
STREET ADDRESS	CARLISLE HOUSE, HINKS ST		2.3 STREE		
CITY-ST-ZIP	BRIDGETOWN, BARBADOS		2. 4 CITY -	ST-ZIP	☐ Change ☐ Addition
TITLE	S ANIMEDOE ADMOODY CEDMO	DELETE 3.1 TI			C creating
NAME	COMMENCE (B) (COT)		3.2 NAME	ADDRESS	
STREET ADDRESS	1 40, 410				
CITY-ST-ZIP TITLE			3.4. CITY - 4.1 TITLE	51 - ZIP	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	CARLISLE HOUSE, HINKS ST			ADDRESS	
CITY-ST-ZIP			4.4 C(TY-5		
TITLE	STADGETOVITA STATES TO STA	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	:	
STREET ADDRESS	1		5.3 STREET	ADDRESS .	
CITY-ST-ZIP	i de la companya de		5.4 CITY-5	ST-ZIP	
TITLE			6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	r address	
CITY-ST-ZIP			6.4 CITY-		
14. 1 do here!	by certify that the information supplied	t with this filing does not qualify	for the exe	emption s	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.

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