## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000049700 (5)

MANAGEMENT ASSOCIATES OF SOUTH FLORIDA, INC.  Principal Place of Business Mailing Address  721 W. OCEAN DR. BOYNTON BEACH FL 33426 US  1. Corporation Name  Mailing Address  721 W. OCEAN DR. BOYNTON BEACH FL 33426-4380 US								
					3. Date Incorporated or Qualified 07/05/1994	3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1994 04/18/1996		
Principal Place of Business     2a. Mailing Address					4. FEI Number	<u></u>	Ap	plied For
Suite Apt. #, etc.		26 Suite, Apt. #, etc.			\$0.7E			t Applicable
22	N. 11, 010.	27			5. Certificate of Status Desired		Fee Re	
City & St	ate	City & State			6. Election Campaign Financing		\$5.00	May Be
23		<b>28</b>	T		Trust Fund Contribution		Added to	
Zip			ip Country		1	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
24	g. Name and Address of Curr		30	T	10. Name and Address of New Re			
W	YATT, MARY AGNES			81 Name			_ <del></del>	
72	21 W. OCEAN DRIVE			82 Street A	ddress (P.O. Box Number is Not Acceptate	ole)		
BOYNTON BEACH FL 33428								
				83				
				84 City		FL	85 Zip (	Code
SIGNATURE	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Registere	d Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND		
TITLE	UNATT MADY ACHIEC	DELETE	1.11	- 1			Change	Addition
NAME STREET ADDRESS	WYATT, MARY AGNES 721 W. OCEAN DR.		1.2 N	TREET ADDRESS				
CITY - ST - ZIP	BOYNTON BEACH FL		1	IFY-ST-ZIP				
TITLE		☐ DELETE	2.1 T				Change	Addition
NAME			2.2 N	AME				
STREET ADDRESS	s			TREET ADDRESS				
CITY-ST-ZIF		DELETE	2.40 31 T	CITY-ST-ZIP			Change	Additio
NAME		Land Dettile	32 N	1		P	ondigo	Last 700miles
STREET ADDRESS	s			TREET ADDRESS				
CITY-ST-ZIP			3.4. (	CITY-ST-ZIP				
TITLE		DELETE	4.1 T				Change	Addition
NAME			1	AME				
STREET ADDRESS	8		1	TREET ADDRESS				
CITY - ST - ZIP		DELETE		ITY-ST-ZIP			Change	Addition
HAME			5.2 6	1				
STREET ADDRESS	s			TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE	6.1 7	ITLE			Change	Addition
NAME			62 N	[				
STREET ADDRES	S		635	TREET ADDRESS				

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 trustae 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** 

SIGNATURE AND THE OF PRINTED HAME OF STANING OFFICER OR DIRECTOR

5/7/97

(56) 737-9332

**FILED** 

Apr 11 1997 8:00am

Secretary of State