

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000051083 (1)**

1. Corporation Name

**MID-ATLANTIC MANAGEMENT AND CONSULTING, INC.**



Principal Place of Business: **1095 SHOTGUN ROAD SUNRISE FL 33326**  
Mailing Address: **1095 SHOTGUN ROAD SUNRISE FL 33326**

3. Date Incorporated or Qualified: **07/11/1994**  
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0503530</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>NUGENT, BRIAN M</b> <b>106 E. COLLEGE AVENUE</b> <b>SUITE 1200</b> <b>TALLAHASSEE FL 32301</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMANN, RICHARD F</b>	1.2 NAME	
STREET ADDRESS	<b>C/O 1095 SHOTGUN ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLOCKS, JAMES S</b>	2.2 NAME	
STREET ADDRESS	<b>C/O 1095 SHOTGUN ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESCARZAGA, WALTER</b>	3.2 NAME	
STREET ADDRESS	<b>C/O 1095 SHOTGUN ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOSCIA, LOUIS E</b>	4.2 NAME	
STREET ADDRESS	<b>C/O 1095 SHOTGUN ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCANNAR, DANIEL B</b>	5.2 NAME	
STREET ADDRESS	<b>C/O 1095 SHOTGUN ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMAMARA, MICHAEL J</b>	6.2 NAME	
STREET ADDRESS	<b>1095 SHOTGUN ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	6.4 CITY-ST-ZIP	

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 for print attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/12/96** 9544243833

CR2E034 (12/95)