

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0503530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUGENT, BRIAN M
106 E. COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE D ☐ DELETE
NAME HERMANN, RICHARD F
STREET ADDRESS C/O 1095 SHOTGUN ROAD
CITY-ST-ZIP SUNRISE FL 33326

TITLE D ☐ DELETE
NAME WILLOCKS, JAMES S
STREET ADDRESS C/O 1095 SHOTGUN ROAD
CITY-ST-ZIP SUNRISE FL 33326

TITLE D ☐ DELETE
NAME ESCARZAGA, WALTER
STREET ADDRESS C/O 1095 SHOTGUN ROAD
CITY-ST-ZIP SUNRISE FL 33326

TITLE D ☐ DELETE
NAME SOSCIA, LOUIS E
STREET ADDRESS C/O 1095 SHOTGUN ROAD
CITY-ST-ZIP SUNRISE FL 33326

TITLE D ☐ DELETE
NAME MCANNAR, DANIEL B
STREET ADDRESS C/O 1095 SHOTGUN ROAD
CITY-ST-ZIP SUNRISE FL 33326

TITLE D ☐ DELETE
NAME MCNAMARA, MICHAEL J
STREET ADDRESS 1095 SHOTGUN ROAD
CITY-ST-ZIP SUNRISE FL 33326

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)