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Apr 08 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 # 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 33326-1911



3. Date Incorporated or Qualified 07/11/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0503530		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANN, RICHARD F	1.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	1.3 STREET ADDRESS	9600 West Sample Rd #404
CITY - ST - ZIP	SUNRISE FL 33326	1.4 CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOCKS, JAMES S	2.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	2.3 STREET ADDRESS	9600 West Sample Rd #404
CITY - ST - ZIP	SUNRISE FL 33326	2.4 CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCARZAGA, WALTER	3.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	3.3 STREET ADDRESS	9600 West Sample Rd #404
CITY - ST - ZIP	SUNRISE FL 33326	3.4 CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSCIA, LOUIS E	4.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	4.3 STREET ADDRESS	9600 West Sample Rd #404
CITY - ST - ZIP	SUNRISE FL 33326	4.4 CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANNAR, DANIEL B	5.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	5.3 STREET ADDRESS	9600 West Sample Rd #404
CITY - ST - ZIP	SUNRISE FL 33326	5.4 CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAMARA, MICHAEL J	6.2 NAME	
STREET ADDRESS	1095 SHOTGUN ROAD	6.3 STREET ADDRESS	9600 West Sample Rd #404
CITY - ST - ZIP	SUNRISE FL 33326	6.4 CITY - ST - ZIP	Coral Springs, FL 33065

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: _____ DATE: 1-8-97 DAYTIME PHONE: 954-344-8355

CR2E034 (9/96)