
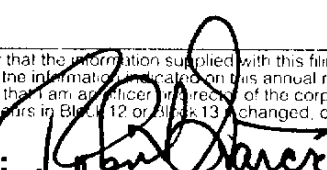


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000002963 (3)</b> 1. Corporation Name <b>MANAGED BUILDING SERVICES, INC.</b>			
Principal Place of Business <b>4250 ALAFAYA TRAIL #212-322 OVIEDO FL 32765</b>		Mailing Address <b>4250 ALAFAYA TRAIL #212-322 OVIEDO FL 32765</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>01/10/1995</b>		3a. Date of Last Report	
4. FEI Number <b>59-3290181</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>GARCIA, ROBERT 4250 ALAFAYA TRAIL #212-322 OVIEDO FL 32765</b>		10. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 11 TITLE <input type="checkbox"/> DELETE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE <input checked="" type="checkbox"/> DELETE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE <input type="checkbox"/> DELETE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE <input type="checkbox"/> DELETE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE <input type="checkbox"/> DELETE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP 39 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP 43 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 44 NAME 45 STREET ADDRESS 46 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>6/11/96 407-366-7998</b>			

CR2E034 (3/96)