

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000003812 (1)**

1. Corporation Name
MSL MANAGEMENT, INC.



Principal Place of Business
**151 LAKE GLORIA DRIVE
WEST PALM BEACH FL 33411**

Mailing Address
**151 LAKE GLORIA DRIVE
WEST PALM BEACH FL 33411**

3. Date Incorporated or Qualified **01/13/1995** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0551090	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LIPSCHULTZ, MORTON S 151 LAKE GLORIA DRIVE WEST PALM BEACH FL 33411		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & DIRECTOR (P/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSCHULTZ, MORTON S	1.2 NAME	LIPSCHULTZ, MORTON S.
STREET ADDRESS	151 LAKE GLORIA DRIVE	1.3 STREET ADDRESS	151 LAKE GLORIA DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY (S/A) TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LIPSCHULTZ, SONIA
STREET ADDRESS		2.3 STREET ADDRESS	151 LAKE GLORIA DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Morton S. Lipschultz* **MORTON S. LIPSCHULTZ** 4/10/96 (407) 688-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)