

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 # **P95000043998 (0)**

1. Corporation Name
MAN IN THE MACHINE, INC.



Principal Place of Business: **8211 W. BROWARD BLVD. SUITE 420 FT. LAUDERDALE FL 33324**
Mailing Address: **8211 W. BROWARD BLVD. SUITE 420 FT. LAUDERDALE FL 33324**

3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last Report
4. FEI Number 65-0590346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent
**KUSNICK, HOWARD A
8211 W. BROWARD BLVD.
SUITE 420
FT. LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent
Name: **PAMELA A. DOTY**
Street Address (P.O. Box Number is Not Acceptable): **9351 NW 24 CT.**
City: **SUNRISE** FL 85 Zip Code: **33322**

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: *Pamela A. Doty* U.I.
Signature, typed or printed name of the person signed and date of signature

Signature required when reappointing: _____ DATE: **4-10-96**

12. OFFICERS AND DIRECTORS		13.
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE
NAME	DOTY, PAMELA A	1.2 NAME
STREET ADDRESS	9351 N.W. 24TH COURT	1.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE
NAME	DOTY, CHARLES	2.2 NAME
STREET ADDRESS	9351 N.W. 24TH COURT	2.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33322	2.4 CITY-ST-ZIP
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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: *Pamela A. Doty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-10-96** Daytime Phone #: **954-746-5717**

CR2E034 (12/95)