

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 # P95000046117 (4)

1. Corporation Name

MANAGED ASSETS PLUS, INC.



Principal Place of Business

Mailing Address

152 WHITAKER ROAD
LUTZ FL 33549

152 WHITAKER ROAD
LUTZ FL 33549

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

06/08/1995

4. FEI Number

59-3320045

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

10. Name and Address of New Registered Agent

SHELL, STEPHEN B
7TH FL., 226 S. PALAFOX ST.
PENSACOLA FL 32501

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

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D
NAME
MASSEY, GEORGE H JR.
STREET ADDRESS
408 MARINERS ISLE
CITY-ST-ZIP
MANDERVILLE LA 70448

DELETE

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE

D
NAME
FORTUNE, KATHLEEN P
STREET ADDRESS
14142 STONEGATE DR.
CITY-ST-ZIP
TAMPA FL 33624

DELETE

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE

D
NAME
MASSEY, ROBERT W
STREET ADDRESS
2 BEACH DR.
CITY-ST-ZIP
COVINGTON LA 70434

DELETE

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

600001854536
-06/07/96--01004--004
***200.00

5-1-96
[Signature]

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 a statement with a address.

SIGNATURE:

[Signature] GEORGE H. MASSEY JR

4/25/96

Date

504-893-9222

Telephone

CR2E034 (12/95)