


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 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 # P95000090000 (7)		
1. Corporation Name MANAGEMENT AND REPORT TECHNOLOGIES, INC.		



Principal Place of Business 2958 FOWLER STREET FORT MYERS FL 33901	Mailing Address 2958 FOWLER STREET FORT MYERS FL 33901-6326
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3. Date Incorporated or Qualified 11/22/1995		3a. Date of Last Report 04/29/1996	
2. Principal Place of Business 21 2650 Hanson Street Suite, Apt. #, etc.		4. FEI Number 65-0633515	
22 City & State 23 Ft. Myers, FL Zip Country 24 33901 25 USA		Applied For Not Applicable	
2a. Mailing Address 26 2650 Hanson Street Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27 City & State 28 Ft. Myers, FL Zip Country 29 33901 30 USA		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MORAN, JOHN A 1819 MAIN STREET SUITE 640 700 SARASOTA FL 34236		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 *John A. Moran* (by *Martha Childs Hoover*)
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, STEPHEN	1.2 NAME	
STREET ADDRESS	2958 FOWLER STREET	1.3 STREET ADDRESS	2650 Hanson Street
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS-HOOVER, MARTHA R	2.2 NAME	
STREET ADDRESS	2958 FOWLER STREET	2.3 STREET ADDRESS	2650 Hanson Street
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, PAUL	3.2 NAME	
STREET ADDRESS	2958 FOWLER STREET	3.3 STREET ADDRESS	2650 Hanson Street
CITY-ST-ZIP	FORT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDOIN, BENOIT	4.2 NAME	
STREET ADDRESS	2958 FOWLER STREET	4.3 STREET ADDRESS	2650 Hanson Street
CITY-ST-ZIP	FORT MYERS FL 33901	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Stephen Childs* **RECEIVED** *Childs* **2-5-97** **941-334-2828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)