
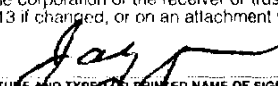


1-27-97 B-0759 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

|   |  |   |  |
|---|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # P95000097742 (7)   |  |   |  |
| 1. Corporation Name<br>THE MEMORY MAN, INC.   |  |   |  |
| Principal Place of Business<br>2211 SW 27 TERRACE<br>MIAMI FL 33133   |  | Mailing Address<br>2211 SW 27 TERRACE<br>MIAMI FL 33133-3114  |  |
| 2. Principal Place of Business<br>21 7225 NW 25 Street<br>Suite, Apt. #, etc.<br>22 Suite 300<br>City & State<br>23 Miami, FL<br>Zip<br>24 33122  |  | 2a. Mailing Address<br>26 7225 NW 25 Street<br>Suite, Apt. #, etc.<br>27 Suite 300<br>City & State<br>28 Miami, FL<br>Zip<br>29 33122   |  |
| 3. Date Incorporated or Qualified<br>12/28/1995   |  | 3a. Date of Last Report<br>03/22/1996   |  |
| 4. FEI Number<br>65-0629300   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required   |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |
| 9. Name and Address of Current Registered Agent<br>OREMAN, JAY<br>2211 SW 27 TERRACE<br>MIAMI FL 33133  |  | 10. Name and Address of New Registered Agent  |  |
| 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<br>Signature: typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE PS<br>NAME OREMAN, JAY<br>STREET ADDRESS 2211 SW 27 TERRACE<br>CITY-ST-ZIP MIAMI FL 33133   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date 1/15/97 305-4184449<br>Daytime Phone: #  |  |

CR2E034 (9/96)