

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000093499 (7)

1. Corporation Name

DELUXE MANAGEMENT, INC.

Principal Place of Business
2201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305

Mailing Address
2201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0709007	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MANDELL, CRAIG J ESQ.
800 CORPORATE DRIVE
SUITE 510
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name DILIP PATEL
82 Street Address (P.O. Box Number is Not Acceptable)
2201 N. Federal Hwy
83 Ft Lauderdale
84 City FL 85 Zip Code 33305

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 current agent and title, if applicable

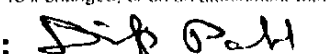
(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, DILIP	1.2 NAME	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33305	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAMESH	2.2 NAME	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33305	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, MEHUL	3.2 NAME	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33305	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SITARAM	4.2 NAME	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33305	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, HARSHAD	5.2 NAME	
STREET ADDRESS	2201 NORTH FEDERAL HIGHWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33305	5.4 CITY - ST - ZIP	
TITLE	<input 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 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:  DILIP PATEL, Pres

CR2E034 (10/97)