

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

FILED

May 07 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 # P97000052823 (6)
1. Corporation Name
MANAGERIAL ADVISORY SERVICES, INCORPORATED



Principal Place of Business
2737 ENTERPRISE ROAD #111
CLEARWATER FL 34619

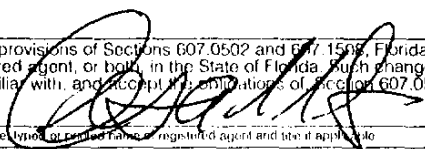
Mailing Address
2737 ENTERPRISE ROAD #111
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1810 Mapleleaf Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 1810 Mapleleaf Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/16/1997	
22 City & State 23 Oldsmar, FL Zip 24 34677		27 City & State 28 Oldsmar, FL Zip 29 34677		4. FEL Number 59-3453595 Applied For Not Applicable	
25 Pinellas		30 Pinellas		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

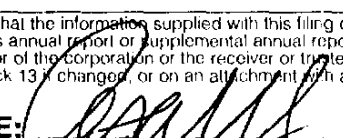
9. Name and Address of Current Registered Agent SALMON, DAVID E 2737 ENTERPRISE ROAD #111 CLEARWATER FL 34619		10. Name and Address of New Registered Agent 81 Name CESAR A. MUNIZ 82 Street Address (P.O. Box Number is Not Acceptable) 1810 MAPLELEAF BLVD 83 84 City OLDSMAR FL 85 Zip Code 34677	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME CESAR A. MUNIZ	
STREET ADDRESS		1.3 STREET ADDRESS 1810 MAPLELEAF BLVD	
CITY-ST-ZIP		1.4 CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE V/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME BRENDA L. SHIRLEY	
STREET ADDRESS		2.3 STREET ADDRESS 1810 MAPLELEAF	
CITY-ST-ZIP		2.4 CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <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 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 or changed, or on an attachment, with an address.

SIGNATURE:  CESAR A. MUNIZ 4/30/98 813-891-0486

CR2E034 (10/97)