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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085627 (2)

	M.S. &	GOOD M	ianagement, I	NC.					İ					
Principal Place of Business Mailing Address										T INDIVIDE ALD EDSHI HOUR OR	IN BR IEFE R	Ville Birline et	DANG DERLE PRIER DI	
1800 CORPORATÉ BOULEVARD. N.W. SUITE 300 BOCA RATON FL 33431				\$	1800 CORPORATE BOULEVARD, N.W. Suite 300 Boca Raton Fl 33431				DO NOT WRITE IN THIS SPACE					
										3. Date Incorporated or C	Jualified	ţ		
_						A delice				10/02/1997				
_	, Principal P I	rincipal Place of Business			2a. Mailing Address				,	4. FEI Number				pplied For
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.									ot Applicable
22	_			-						5. Certificate of Status De	sired			Additional equired
22	City & State			27	City & State				C Florier Compains Sign					
23		and a state			28					Election Campaign Fin- Trust Fund Contribution	_	П	•	May Be to Fees
150	Zip	ip Country			Zip C			 ~		8. This corporation owes		naid the c		
24			25	29		30	-			Personal Property Tax	,	,	Yes \$	No
٣		9. Name and Address of Curre					1			10. Name and Address of New Registered			I Agent	
MASANOFF, MICHAEL D							81	Name	е					
1800 CORPORATE BOULEVARD, N.				N.W.	<i>t</i> .			Stree	at Address	ss (P.O. Box Number is Not	Accept	ahle)		
SUITE 300			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			00,00	A PIGGIOS	SO (F.O. DOX HUMBON IS NOT	посори	abicy			
		CA RATON	FL 33431				B3			<u> </u>			······································	
						84 City							as 7in	Code
							04	City				FL 85 Zip Code		
SI	agent. I a GNATURE	m familiar wi	in, and accept the of or printed name of registeres	oligations of	, Section 607. 0505 , f	Florida St	atutes	s.		n's board of directors. I here when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
12	2	OFFICERS AND DIRECTORS				13.				ADDITIONS/CHANGES	TO OFF	ICERS A		
TITLE					☐ DELETE 1.		1.1 TITLE		DP				Change	Addition
NAME							1.2 NAME		3100	CEL NED L. CORPORNTE BL	א אינו	تو ديا	5380	
STI	REET ADDRESS					1.3	STREET	ADDRESS					_ •	
_	TY-ST-ZIP						CITY-S	T-ZiP	BOX	A RATON FC 3	<u> 137</u>	<u>'3/</u>		
j III	TLE .				L DELETE		2.1 TiTLE		DV	- 7			Change	Addition
NAME					i		2.2 NAME		Ca	OD JOSEPH O CORPORATE BL	W 1	: ديرد	STE SOC	>
STREET ADORESS		{			,				180					
_	Y-ST-ZIP					_	CITY-	ST-ZIP	100		<i>3</i> 3	431		Na
Tit	· ·				L_ DELETE	1	TITLE		DT	3			☐ Change	Addition
	ME						NAME		GRU	NOT BRUCE S O CURPORATE B	シレス	NW 5	NE 300	
	REET ADDRESS							address	130	o corpornie o	770	421		
	Y-ST-ZIP				DELETE		CITY-	ST-ZIP	De	CA RATION FL	<u> 53</u>	<u>y5/</u>	Change	Addition
TIT					☐ DETEIE		TITLE						Cylange	L.J MUUIDON
1	ME						NAME		. }					
1 1	reet address							ADDRESS	;					
$\overline{}$	Y-ST-ZIP				☐ DELETE		CITY-S	1 - ZIP	- 				Change	Addition
TIT	1				L DELLE		NTLE NAME						- Anatige	L. J. AUGHIUT)
1	ME						NAME	4DD0505	. [
1	REET ADDRESS							ADDRESS	'					
TIT	Y-ST-ZIP				DELETE		CITY S TITLE	1-712	+				Change	Addition
1	ME				_ DECENE		NAME						Unungo Luci	
4	REET ADORESS							ADDRESS	. 1					
511	NEE! MUUNESS					0.3)INCL	ADDRESS	`					

64 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 supplymental 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 of 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 chapter 607.

FILED

Apr 28 1998 8:00am

Secretary of State