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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000059935

1. Corporation Name

MANAGERIAL ACCOUNTING AND PLANNING SUPPORT INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90039 045 \*\*\*150.00



Subject of	8798 SONOMA LAKES BOULEVARD BOCA RATON FL 33434  8798 SONOMA LAKES BOULE BOCA RATON FL 33434					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/06/1998			
Sulle, Apr. 8. etc.    27	Principal Place of Business     Za. Mailing Address							<u> </u>	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   2019   Suite   Suite   Suite, Apt. #, etc.   2019   Suite   Suite   Suite, Apt. #, etc.   2019   Zip   Country   Zip   Zip	21 8976	& Samono LARE De	يد 26			65-0654660			
City & State    27						5. Certificate of Status Desired			
Added to Fees    20								<u> </u>	
Zip   Country   Zip   Country   8. This comprehation was the current year Intelligible   Personal Property Tax.   Yes   Control   Yes   Yes   Control   Yes   Yes   Control   Yes   Ye	¬								
S. Name and Address of Current Registered Agent  CHILD, ROBERT S 8798 SONOMA LAKES BOULEVARD BOCA RATON FL 33434  82 Street Address (P.O. Box Number is Not Acceptable)  83	Zip		<del></del>						
CHILD, ROBERT S 8798 SONOMA LAKES BOULEVARD BOCA RATON FL 33434  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City						10. Name and Address of New Registered	Agent		
8798 SONOMA LAKES BOULEVARD BOCA RATON FL 33434  82 SISTER ADDRESS CITY FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Cod				81	Name				
### City ### City #### City ####################################	8798 SONOMA LAKES BOULEVARD				Street A	Street Address (P.O. Box Number is Not Acceptable)			
TI. 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 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, 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, or both in the state of Florida. Statutes.  SIGNATURE  Signature hyperic primar inimal of implated agent and tea of applicable. (NOTE: Registered Agent signature required when refroiting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. INTILE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change   Addition    AMME  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. Change   Addition    AMME   STREET ADDRESS    CITY-ST-ZIP   Change   Addition    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    13. STREET ADDRESS    CITY-ST-ZIP   Change   Addition    ADDITIONS/CHANGES    CITY-ST-ZIP   Change   Addition    ADDITIONS/CHANGES    CITY-ST-ZIP   Change   Addition    ADDITIONS/CHANGES    CITY-ST-ZIP   Change   Addition    ADDITIONS/CHANGES    ADDITIONS/CHANGES    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    ADDITIONS/CHA									
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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, Typed or primer rame of registered agent and titls if applicable.   (NOTE Registered Agent a				84	City	FI	85 Zip	Code	
12.	agent. I am famil SIGNATURE	liar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes					
TITLE				13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
1.3 STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	TITLE	Passana		1.1 TITLE		`	☐ Change	☐ Addition	
1.3 STREET ADDRESS   1.4 CITYSTZIP	hAME	Lana CHIA	د.	1.2 NAME	Ì				
Addition   Change   Change   Addition   Change   Chang	STREET ADDRESS	FIRE SANAMA	Lang BLUY	1.3 STREET	ADDRESS				
DELETE   2.1 TITLE     Change   Addition	CITY-ST-ZIP	BOLD RATON	FL 33437	1.4 CITY-S	T- Z3P				
23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   25 CITY-ST-ZIP   25 CITY-ST-ZIP   25 CITY-ST-ZIP   26 CITY-ST-ZIP	TITLE	VILLE PRESIDE.	□ DELETE	2.1 TITLE			Change	Addition	
CITY-ST-ZIP	NAME	PRIRES CHE	.0	2.2 NAME				-	
CITY-ST-ZIP	STREET ADDRESS	6256 62504	LAW, BLUE	2.3 STREET	ADDRESS			l	
STREET ADDRESS   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition	CITY-ST-ZIP	BOLD RACE		2.4 CITY-S	T- ZIP				
STREET ADDRESS   3.3 STREET ADDRESS   3.4. CITY- ST-ZIP	TITLE		☐ DELETE	3.1 TITLE	-		☐ Change		
34. CITY-ST-ZIP   34. CITY-ST-ZIP	NAME			3.2 NAME	İ		-	-	
TITLE	STREET ADDRESS		3.3 STREET ADDRESS				ĺ		
NAME	CITY-ST-ZIP				T-ZIP		Change	□ Addition	
A.3 STREET ADDRESS   A.4 CITY-ST-ZIP   A.4 CITY-ST-ZIP   Change   Addition	TITLE		☐ DELETE				Change		
A CITY-ST-ZIP	NAME								
Title	STREET ADDRESS	REET ADDRESS		]					
S.2 NAME	CITY-ST-ZIP						Change	☐ Addition	
5.3 STREET ADDRESS									
5.4 CITY-ST-ZIP	NAME				LAUDDESS				
TITLE G.1 TITLE G.2 NAME  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS				1					
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP		□ nelete		- AF		Change	Addition	
STREET ADDRESS 6.3 STREET ADDRESS	i			4					
of rect whose of				1	ADDRESS				
								İ	

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, with all other like empowered.