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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S56896** (1)

1. Corporation Name
MANAGEMENT CONSULTANTS UNLIMITED, INC.



Principal Place of Business Mailing Address
C/O DIVERSIFIED MAN. SERVICES OF SO.FLA.
8471 W. OAKLAND PARK BLVD.
SUNRISE FL 33351
US C/O DIVERSIFIED MAN. SERVICES OF SO.FLA.
PO BOX 451418
SUNRISE FL 33345-1418
US

3. Date Incorporated or Qualified **06/04/1991** 3a. Date of Last Report **03/07/1996**

2. Principal Place of Business 21 8457 W. Oakland Park Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 65-0293112	Applied For Not Applicable
22 City & State 23 Sunrise, FL Zip 24 33351	27 City & State 28 Zip 29 Country 25 Broward	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WATERS, RALPH
8951 S.W. 57TH ST.
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name
Ralph P. Waters
82 Street Address (P.O. Box Number is Not Acceptable)
6420 NW 52nd Ct.
83
84 City
Lauderhill **FL** 85 Zip Code
33319

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 *Ralph P. Waters* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WATERS, RALPH 8951 S.W. 57TH ST. COOPER CITY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP WATERS, RALPH 6420 NW 52ND CT. LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WATERS, BARBARA 8951 S.W. 57TH STREET COOPER CITY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DS WATERS, BARBARA 6420 NW 52nd CT. LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT GRIPP, SUSAN 8361 N.W. 47 ST. LAUDERHILL FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DVPT GRIPP, SUSAN 3341 GREENVIEW TERR WEST MARGATE, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ralph P. Waters* Pres. 1/16/97 954-572-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)