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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$68129

1. Corporation Name

MANAGE	EMENT SYSTEMS INTE	ERNATIONAL, INC.)		1 11 111 11 111 1
Principal Place	e of Business	Mailing Address			1. ·	-	JII \$18(1 BIBII 3 10	[#15 #1#11 1##1
1400 CENTREPA		1400 CENTREPARK BLVD							
SUITE 770		SUITE 770							
WEST PALM BEACH FL 33401			WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed 07/23/1991		_	
2, Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26				65-0280269		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22		27				5. Certificate of Status Desired	(ee Red	quired
City & State	e	City & State	_			6. Election Campaign Financing	¬ \$	5.00	May Be
23	÷	28				Trust Fund Contribution	/	dded to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current			_
24	25	29	30			Personal Property Tax.	<u> </u>		□No
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Reg	istered Agen		
	V 50 4 00 100 100		1	81 N	lame				
	LER & GINSBURG		l _a	82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
	MINORCA AVE #21			-			·		
COR	VAL GABLES FL 33134		1	83					
				84 C	City		85	Zip C	ode
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office or r	registered agent or both in the	07.0502 and 607.1508, Florida Statu e State of Florida. Such change was e obligations of, Section 607.0505, Fl	autnorized i	ov me	amed corpo corporation	ration submits this statement for the purn's board of directors. I hereby accept the	pose of chang ne appointmen	ing its i t as reg	registered jistered
office or n agent. I a	registered agent or both in the	e State of Florida, Such change was e obligations of, Section 607.0505, Fl	authorized i lorida Statut	tes.	corporation	is board of directors. Thereby accept a		ing its i t as reg	registered pistered
office or r	registered agent, or both, in the im familiar with, and accept the Signature, typed or printed name of regist	e State of Florida, Such change was obligations of, Section 607.0505, Florida agent and title if applicable. (NO	authorized lorida Statut	tes.	corporation	when reinstating)	DATE		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _