FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 JUL 26 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28954

1. Corporation Name
MIDMARK MANAGEMENT GROUP, INC

Principal Place of Business
6800 SW. 40 St. SUITE 327
MIAMI Fl. 33155

Mailing Address
6800 SW. 40 St. #327
MIAMI, Fl. 33155

3. Date Incorporated or Qualified: 04/16/92
3a. Date of Last Report:

2. Principal Place of Business
21 6800 SW. 40 St.
Suite, Apt. #, etc.
22 SUITE 327
City & State
23 MIAMI, Fl.
Zip 24 33155
Country 25 USA

2a. Mailing Address
26 6800 SW. 40 St.
Suite, Apt. #, etc.
27 SUITE 327
City & State
28 MIAMI Fl.
Zip 29 33155
Country 30 USA

4. FEI Number: 65-0325803 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
LEWIS SNEATH
6800 S.W. 40th St. #327
3520 SW. 104 AVE.
MIAMI, Fl. 33165

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (Signature & typed or printed name of Registered Agent and Title if applicable) (NOTE: Registered Agent's signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	LEWIS SNEATH	
STREET ADDRESS	3520 SW 104 AVE.	
CITY-ST-ZIP	MIAMI Fl. 33165	
TITLE	SECRETARY	[ ] DELETE
NAME	CLARA SNEATH	
STREET ADDRESS	6800 SW. 40 St. SUITE 327	
CITY-ST-ZIP	MIAMI Fl. 33165	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME	700001905207	
1.3 STREET ADDRESS	-07/26/96--01073--023	
1.4 CITY-ST-ZIP	****225.00 ****225.00	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: (X) Lewis E. Sneath LEWIS SNEATH 7-24-96 (305) 220 9883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)