

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000058454 (6)

1. Corporation Name

MA-BRI SPACE - SAVER SYSTEM, INC.



Principal Place of Business

P.O. BOX 423695
KISSIMMEE FL 34272-3695

Mailing Address

P.O. BOX 423695
KISSIMMEE FL 34272-3695

3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 P O Box 423846

26 P O Box 423846

4. FEI Number

59-3346113

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

23 KISSIMMEE, FL

28 KISSIMMEE, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

34242-3846 USA

29 Zip Country

34742-3846 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

VAN DEN BOOM, CEES
709 WEST VINE STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

R. E. SAXON

82 Street Address (P.O. Box Number is Not Acceptable)

24 N BERMUDA AVE

83

84 City

KISSIMMEE FL

85 Zip Code

34741

11. Pursuant to the provisions of Sections 607.01(2), 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 (if not applicable)

(Print Name of Agent if Agent signature required when registering)

DATE

5-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	EHEHALT, MANFRED	
STREET ADDRESS	P.O. BOX 423695	
CITY-ST-ZIP	KISSIMMEE FL 34272-3695	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EHEHALT, BRITTA	
STREET ADDRESS	P.O. BOX 423695	
CITY-ST-ZIP	KISSIMMEE FL 34272-3695	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EHEHALT, MANFRED	
1.3 STREET ADDRESS	23738 BESCHENDORF	
1.4 CITY-ST-ZIP	DORFSTR. 28, GERMANY	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EHEHALT, BRITTA	
2.3 STREET ADDRESS	23738 BESCHENDORF	
2.4 CITY-ST-ZIP	DORFSTR. 28, GERMANY	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	300001875883	
6.4 CITY-ST-ZIP	-06/26/96--01032--044	
	***225.00	

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:

Manfred H. Ehehalt

06.04.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05 6125196

CR2E034 (12/95)