

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90015 050 \*\*\*150.00

US505063

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000058454**

1. Corporation Name  
**MA-BRI SPACE - SAVER SYSTEM, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 P.O. BOX 423846 P.O. BOX 423846  
 KISSIMMEE FL 34242-3846 KISSIMMEE FL 34242-3846

3. Date Incorporated or Qualified  
**07/28/1995**

4. FEI Number **59-3346113** Applied For  
 Not Applicable

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

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

8. This corporation owes the current year Intangible  
 Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**SAXON, R.E.**  
**24 N. BERMUDA AVE**  
**KISSIMMEE FL 34741**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EHEHALT, MANFRED</b>
STREET ADDRESS	<b>23738 BESCHENDORF</b>
CITY-ST-ZIP	<b>DORFSTR.28 GERMANY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EHEHALT, BRITTA</b>
STREET ADDRESS	<b>23738 BESCHENDORF</b>
CITY-ST-ZIP	<b>DORFSTR.28 GERMANY</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Saxon, R.E. BRITTA EHEHALT, 05.01.99 (941) 766-9179  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)