

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

DOCUMENT # **435615 (0)**
1. Corporation Name
ST. ANDREWS MANAGEMENT COMPANY, INC.



Principal Place of Business
**4475 N. OCEAN BOULEVARD
DELRAY BEACH FL 33483-7501**

Mailing Address
**4475 N. OCEAN BOULEVARD
DELRAY BEACH FL 33483-7501**

3. Date Incorporated or Qualified **11/21/1973** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1482988** 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. 190.032 Florida Statutes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**JOH, ERIK E.
4800 N. OCEAN BLVD.
BOYNTON BEACH FL 33435**

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 607.1506, 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 in printed block of registration page shall have the same legal effect as if made under oath.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLIGAN JR, THOMAS J	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VRE	<input type="checkbox"/> DELETE
NAME	STEELE, PAUL J.	
STREET ADDRESS	4475 N. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARY, MRS. CHARLES	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FORT, JOHN F	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SEARLE, LINDA B	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EASTBURN, ARTHUR M	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	600001830086
7. STREET ADDRESS	-05/20/96--01062--032
8. CITY-ST-ZIP	***200.00
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	VPD
11. STREET ADDRESS	Robert Caldwell
12. CITY-ST-ZIP	4475 N. Ocean Blvd Delray Bch., FL 33483
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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; 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: *Paul J Steele* Paul J Steele 4-29-96 407-272-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date
SG 5-1-96

CR2E034 (12/95)