

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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 Mailing Address
4475 N. OCEAN BOULEVARD DELRAY BEACH FL 33483-7501
4475 N. OCEAN BOULEVARD DELRAY BEACH FL 33483-7506

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

3. Date Incorporated or Qualified **11/21/1973** 3a. Date of Last Report **05/01/1996**
 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JOH, ERIK E.
4600 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 607.1508, 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 _____ (NOTE - Registered Agent signature required when recodifying) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	CARY, MRS. CHARLES	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALDWELL, ROBERT	
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 checked="" 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

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Caldwell, Robert	
13 STREET ADDRESS	4475 N. Ocean Blvd.	
14 CITY-ST-ZIP	Delray Bch., FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Wiley Dinsmore	
33 STREET ADDRESS	4475 N. Ocean Blvd.	
34 CITY-ST-ZIP	Delray Bch., FL	
41 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	C. Adams Moore	
43 STREET ADDRESS	4475 N. Ocean Blvd.	
44 CITY-ST-ZIP	Delray Bch., FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Kenneth Whalen	
63 STREET ADDRESS	4475 N. Ocean Blvd.	
64 CITY-ST-ZIP	Delray Bch., FL	

14. I do 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 its 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 _____

CR2E034 (9/96)