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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 768919 (3)  
1. Corporation Name  
4139 MANAGEMENT, INC.

Principal Place of Business Mailing Address  
4139 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 US  
4139 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1983  
3a. Date of Last Report 01/25/1994

4. FEI Number 59-2334672  
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, 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 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
SACHS MELYNDA  
4139 S ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169

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 Melinda Sachs DATE 1/30/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	EPPS, WAYNE
STREET ADDRESS	4139 S ATLANTIC AVENUE #A-207
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	SDT
NAME	HOLSAPPLE, ROXANNE
STREET ADDRESS	4139 S ATLANTIC AVENUE #A-205
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	PD
NAME	BRADBURY, LEE
STREET ADDRESS	4139 S ATLANTIC AVENUE #B703
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	VPD
NAME	FARNER, ALAN
STREET ADDRESS	26 FAIRGREEN AVENUE
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	VPD
NAME	DEMONTE KATHY
STREET ADDRESS	206 WINKWORTH PKWY
CITY - ST - ZIP	SYRACUSE NY
TITLE	D
NAME	RITZ, NORMAN
STREET ADDRESS	4119 ROGERO RD
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Garvey	
1.3 STREET ADDRESS	4139 S. Atlantic B-602 N.S.B.,	
1.4 CITY - ST - ZIP	FL 32169	
2.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carol Leff	
2.3 STREET ADDRESS	1930 Geronimo Trail	
2.4 CITY - ST - ZIP	Maitland, FL 32751	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Roxanne Holsapple	
5.3 STREET ADDRESS	4139 S. Atlantic Ave. A-205	
5.4 CITY - ST - ZIP	N. S. B., FL 32169	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Pete Ashworth	
6.3 STREET ADDRESS	4139 S. Atlantic Ave. N.S. B. FL 32169	
6.4 CITY - ST - ZIP	100 Hidden Oak Dr. Longwood, FL 32779	

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 199.032(3)(A), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Lee Bradbury DATE 1/30/95 (901) 428-5691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LEE BRADBURY, PRESIDENT