

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **06/14/1983** 3a. Date of Last Report **03/02/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	TITLE	NAME	TITLE
<b>TD GARVEY, WILLIAM</b>	<input checked="" type="checkbox"/> DELETE	<b>TD Pete Ashworth</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4139 S. ATLANTIC B-602 NEW SMYRNA BEACH FL</b>		<b>100 Hidden Oak Drive Longwood, FL 32779</b>	
<b>SDT</b>	<input type="checkbox"/> DELETE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAM LEFF, CAROL</b>		<b>Patrica Lallas</b>	
<b>1930 GERONIMO TRAIL MAITLAND FL</b>		<b>4139 S. Atlantic Ave. New Smyrna Beach, FL 32169</b>	
<b>PD</b>	<input type="checkbox"/> DELETE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAM BRADBURY, LEE</b>		<b>Mike Zajkowski</b>	
<b>4139 S ATLANTIC AVENUE #B703 NEW SMYRNA BEACH FL</b>		<b>394 Woodsted Circle Longwood, FL 32779</b>	
<b>VPD</b>	<input type="checkbox"/> DELETE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAM FARNER, ALAN</b>		<b>Wayne Epps</b>	
<b>26 FAIRGREEN AVENUE NEW SMYRNA BEACH FL</b>		<b>4139 S. Atlantic Ave. New Smyrna Beach, FL 32169</b>	
<b>D</b>	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAM HOLSAPPLE, ROXANNE</b>			
<b>4139 S. ATLANTIC AVE. A-205 NEW SMYRNA BEACH FL</b>			
<b>D</b>	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAM ASHWORTH, PETE</b>			
<b>4139 S. ATLANTIC AVE. NEW SMYRNA BEACH FL</b>			

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

SIGNATURE: *Lee Bradbury* 1/19/96 904-428-5691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Image #

CR2E037 (12/95)