

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768919 (3)

1. Corporation Name
4139 MANAGEMENT, INC.



Principal Place of Business 4139 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 US	Mailing Address 4139 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169-3767 US
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3. Date Incorporated or Qualified 06/14/1983	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-2334672 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Melynda Sachs 82 Street Address (P.O. Box Number is Not Acceptable) 4139 S. Atlantic Ave. 83 84 City New Smyrna Beach FL 85 Zip Code 32169
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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 *Melynda Sachs, Melynda Sachs, Manager/Agent* 1/7/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASHWORTH, PETE		1.2 NAME William Garvey	
STREET ADDRESS 100 HIDDEN OAK DRIVE		1.3 STREET ADDRESS 4139 S. Atlantic Ave., #602	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP New Smyrna Beach, FL 32169	
TITLE SDT	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEFF, CAROL		2.2 NAME Mike Zajkowski	
STREET ADDRESS 1930 GERONIMO TRAIL		2.3 STREET ADDRESS 394 Woodsted Cir	
CITY-ST-ZIP MAITLAND FL		2.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADBURY, LEE		3.2 NAME Lee Bradbury	
STREET ADDRESS 4139 S ATLANTIC AVENUE #B703		3.3 STREET ADDRESS 4139 S. Atlantic Ave., #703	
CITY-ST-ZIP NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP New Smyrna Beach, FL 32169	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Tom Annett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FARNER, ALAN		4.2 NAME 4139 S. Atlantic Ave., #B403	
STREET ADDRESS 28 FAIRGREEN AVENUE		4.3 STREET ADDRESS New Smyrna Beach, FL 32169	
CITY-ST-ZIP NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LALLAS, PATRICIA		5.2 NAME Jo Arost	
STREET ADDRESS 4139 S ATLANTIC AVENUE		5.3 STREET ADDRESS 4139 S. Atlantic Ave.	
CITY-ST-ZIP NEW SMYRNA BEACH FL		5.4 CITY-ST-ZIP New Smyrna Beach, FL 32169	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASHWORTH, PETE		6.2 NAME	
STREET ADDRESS 4139 S. ATLANTIC AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP	

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 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: *William P. Garvey* **WILLIAM P. GARVEY** 1/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003214

CR2E037 (9/96)