

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

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 4139 S ATLANTIC AVE		Mailing Address 4139 S ATLANTIC AVE	



21. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2334672		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**SACHS MELYNDA**  
4139 S ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 DATE: 1/6/98

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ASHWORTH, PETE
STREET ADDRESS	100 HIDDEN OAK DRIVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	SDT <input type="checkbox"/> DELETE
NAME	LEFF, CAROL
STREET ADDRESS	1930 GERONIMO TRAIL
CITY-ST-ZIP	MAITLAND FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GARVEY, WILLIAM
STREET ADDRESS	4139 S ATLANTIC AVE #602
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	ZAJKOWSKI, MIKE
STREET ADDRESS	394 WOODSTED CIR
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANNETT, TOM
STREET ADDRESS	4139 S ATLANTIC AVE #B403
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	AROST, JO
STREET ADDRESS	4139 S ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raymond Abbott
1.3 STREET ADDRESS	Unit # B601, 4139 S. Atlantic Ave
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
2.1 TITLE	<del>President</del> Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Weiss, Tom
2.3 STREET ADDRESS	Unit # A207, 4139 S. Atlantic Ave.
2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bradbury, Lee
3.3 STREET ADDRESS	Unit # B403, 4139 S. Atlantic Ave.
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mosatis, Jack
4.3 STREET ADDRESS	Unit # B109, 4139 S. Atlantic Ave.
4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 DATE: 1/6/98 (904) 428-5691

CPRE037 (10/97)