


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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		4. FEI Number 59-2334672 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 Melinda Sachs, Melinda Sachs 1/6/98  
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHWORTH, PETE	1.2 NAME	Raymond Abbott
STREET ADDRESS	100 HIDDEN OAK DRIVE	1.3 STREET ADDRESS	Unit # B601, 4139 S. Atlantic Ave.
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	SDT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFF, CAROL	2.2 NAME	Weiss, Tom
STREET ADDRESS	1930 GERONIMO TRAIL	2.3 STREET ADDRESS	Unit # A207, 4139 S. Atlantic Ave.
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVEY, WILLIAM	3.2 NAME	Bradbury, Lee
STREET ADDRESS	4139 S ATLANTIC AVE #602	3.3 STREET ADDRESS	Unit # B403, 4139 S. Atlantic Ave.
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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAJKOWSKI, MIKE	4.2 NAME	Moskatis, Jack
STREET ADDRESS	394 WOODSTED CIR	4.3 STREET ADDRESS	Unit # B109, 4139 S. Atlantic Ave.
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNETT, TOM	5.2 NAME	
STREET ADDRESS	4139 S ATLANTIC AVE #B403	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROST, JO	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 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, Lee Bradbury 1/6/98 (904) 428-5691

CP2E037 (10/97)