

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32089** (5)

1. Corporation Name
POLEN CAPITAL MANAGEMENT, INC.



Principal Place of Business: 14502 N. DALE MABRY SUITE 303 TAMPA FL 33618 US
Mailing Address: 14502 N. DALE MABRY SUITE 303 TAMPA FL 33618 US

3. Date Incorporated or Qualified: 12/07/1990
3a. Date of Last Report: 03/02/1995
4. FEI Number: 13-2984374
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

2. Principal Place of Business: 21 Subd., Apt. #, etc.: 22 Cn., & Subd.: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Subd., Apt. #, etc.: 27 City & Subd.: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

POLEN, DAVID M.
3913 NORTHAMPTON WAY
TAMPA FL 33624

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD	<input type="checkbox"/> DELETE
11.2 NAME	POLEN, DAVID M.	
11.3 STREET ADDRESS	3913 NORTHAMPTON WAY	
11.4 CITY, ST, ZIP	TAMPA FL	
11.5 TITLE	SD	<input checked="" type="checkbox"/> DELETE
11.6 NAME	TOPPER, ELLIOT F.	
11.7 STREET ADDRESS	76 SCHOOL RD., W.	
11.8 CITY, ST, ZIP	MARLBORO NJ	
11.9 TITLE	VD	<input type="checkbox"/> DELETE
11.10 NAME	BEST, MICHAEL H	
11.11 STREET ADDRESS	520 E 90TH ST #4K	
11.12 CITY, ST, ZIP	NEW YORK NY	
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY, ST, ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST, ZIP		

SD
N/A P.O. BOX 1711
LAKEVILLE, CT 06039

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an alternate block with an address.

SIGNATURE: _____ DATE: 2/14/96 8132653165

CR2E034 (12/95)