

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S30235 (3)**

1. Corporation Name  
**LUIGI MANAGEMENT, INC.**



Principal Place of Business <b>2401 W BAY DRIVE                  SUITE 421B                  LARGO FL 33780</b>	Mailing Address <b>2401 W BAY DRIVE                  SUITE 421B                  LARGO FL 33770-4900</b>
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2. Principal Office <b>21 LUIGI B. G.                  13719 Walsingham Rd                  Largo FL 33774</b>	2a. Mailing Address <b>26 LUIGI B. G.                  13719 Walsingham Rd                  Largo FL 33774</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>02/07/1991</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>59-3051882</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SWIRSKY, DONALD  
 2401 WEST BAY DRIVE  
 SUITE 421B  
 LARGO FL 33780**

**LUIGI B. G.  
 13719 Walsingham Rd  
 Largo FL 33774**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Donna Swirsky* DATE **3/28/97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SWIRSKY, DONALD</b>	<b>LUIGI B. G.</b>
STREET ADDRESS	<b>2401 W BAY DRIVE #421B</b>	<b>13719 Walsingham Rd</b>
CITY-ST-ZIP	<b>LARGO FL</b>	<b>Largo FL 33774</b>
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SWIRSKY, LYNNE</b>	<b>LUIGI B. G.</b>
STREET ADDRESS	<b>2401 W BAY DRIVE #421B</b>	<b>13719 Walsingham Rd</b>
CITY-ST-ZIP	<b>LARGO FL</b>	<b>Largo FL 33774</b>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna Swirsky* Name: **Swirsky, Donna** 593-1111

CR2E034 (9/96)