

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S61520 (0)**

1. Corporation Name
ENGLEWOOD MANAGEMENT GROUP, INC.



Principal Place of Business: **900 E PINE STREET SUITE 126 ENGLEWOOD FL 34223**
Mailing Address: **900 E PINE STREET SUITE 126 ENGLEWOOD FL 34223**

3. Date Incorporated or Qualified: **06/21/1991**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. City & State
23. Zip & Country

4. FEI Number: **65-0267362**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DICKSON, ROBERT A
460 S INDIAN AVE
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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: _____
Signature (typed or printed name of registered agent and the corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	
NAME	ZIPAY, BOBBI	1.2 NAME	Tobojka, Roberta
STREET ADDRESS	324 PINE GLEN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	HIMES, SCOTT	2.2 NAME	
STREET ADDRESS	11169 CARNEGIE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VPO	3.1 TITLE	
NAME	FLISHEL, JEFFREY	3.2 NAME	
STREET ADDRESS	13100 MCCALL ROAD #123	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	DVPC	4.1 TITLE	
NAME	WELLING, MIKE	4.2 NAME	
STREET ADDRESS	9751 EAGLE PRESERVE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	YETTAW, JERRY	5.2 NAME	
STREET ADDRESS	3135 BAHIA VISTA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WELLING, MAUREEN	6.2 NAME	
STREET ADDRESS	9751 EAGLE PRESERVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: Bobbi Zipay Bobbi ZIPAY 1/19/96 (941) 474-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR TELEPHONE #

CR2E034 (12/95)