

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085750 (5)

1. Corporation Name

800 MANAGEMENT GROUP, INC.



Principal Place of Business

314 S. MISSOURI AVE. SUITE 215
CLEARWATER FL 34616

Mailing Address

314 S. MISSOURI AVE. SUITE 215
CLEARWATER FL 34616

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2451 McMullen Booth Rd.

2a. Mailing Address

26 2451 McMullen Booth Rd.

4. FEI Number
59-3278786

Applied For
Not Applicable

Suite, Apt. #, etc.

22 319

Suite, Apt. #, etc.

27 319

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Clearwater FL

City & State

28 Clearwater FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 34619

Country

25 USA

Zip

29 34619

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MADDEN, GERALD
314 S. MISSOURI AVE. SUITE 215
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

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

2451 McMullen Booth Rd. # 319

83

84 City

Clearwater

FL

85 Zip Code

34619

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 on state application.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MADDEN, GERALD
STREET ADDRESS 314 S. MISSOURI AVE. SUITE 215
CITY-ST-ZIP CLEARWATER FL 34616

TITLE D ☐ DELETE

NAME YANUSH, SUSAN
STREET ADDRESS 314 S. MISSOURI AVE. SUITE 215
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2451 McMullen Booth Rd # 319
1.4 CITY-ST-ZIP Clearwater, FL 34619

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2451 McMullen Booth Rd # 319
2.4 CITY-ST-ZIP Clearwater, FL 34619

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Madden

4/19/96

Date

(813) 791-2225

Daytime Phone #

CR2E034 (12/95)