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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066492 (4)

ANDOVER MANAGEMENT COMPANY, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business 4420 BEACON CIR. SUITE 100 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1997 2. Principal Place of Business 28. Mailing Address 4. FEI Number 65 - 0778 406 Not Applied For Not Applicable Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. City & State City & State City & State 29. Country Applied For Not Applicable Suite, Apt. #, etc. Fee Required City & State Trust Fund Contribution Added to Fees A This corporation owes or has paid the current year Internable	4420 BEACON CIR, SUITE 100 WEST PALM BEACH FL 33407 2. Principal Place of Business 21	
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### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statules, the corporation submits this statement for the purpose of changing its ergistered 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 Continued C	WEST PALM BEACH FL 33407 83	ddress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Section 607 0502 and 607.1508, Florida Statutes, the above agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature	11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligitations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prelima name of rejustered agent and father typed with the provision of the corporation of the corporati	Access to the months of the troopteming
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14. I 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 coreiver 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.

561-842-3000