

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 # 364386 (3)

1. Corporation Name
PASADENA MANAGEMENT COMPANY INC



Principal Place of Business
7500 SUN ISLAND DRIVE
SOUTH PASADENA FL 33707

Mailing Address
7500 SUN ISLAND DRIVE
SOUTH PASADENA FL 33707

3. Date Incorporated or Qualified 05/20/1970	3a. Date of Last Report 03/20/1995
4. FEI Number 59-1354479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

ZACUR, RICHARD A.
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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 607.0507 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 board approval) (NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	1.1 TITLE	
NAME	SCHUMACHER, MURIEL	1.2 NAME	
STREET ADDRESS	7500 SUN ISLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	YOUNG, MAURICE	2.2 NAME	
STREET ADDRESS	7500 SUN ISLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	LINDGREN, ART	3.2 NAME	
STREET ADDRESS	7500 SUN ISLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Emmett Simmers* EMMETT SIMMERS 4/10/96 813-360-2751
Date: Day: 10 Month: 04 Year: 96

CR2E034 (12/95)