

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 375185

(6)

1. Corporation Name

NATIONWIDE MANAGEMENT CORP.

Principal Place of Business

2601 BISCAYNE BLVD.
POST OFFICE DRAWER 370308
MIAMI FL 33137

Mailing Address

2601 BISCAYNE BLVD.
POST OFFICE DRAWER 370308
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

01/08/1971

3a. Date of Last Report

06/01/1994

4. FEI Number

59-1315974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

County

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAIRNS, TERRANCE V
2601 BISCAYNE BLVD.
MIAMI FL 33137

81. Name

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

83.

84. City

FL

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 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature of Registered Agent or Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TS
NAME	CAIRNS, TERRANCE V
STREET ADDRESS	2601 BISCAYNE BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	DS
NAME	GOLDSTEIN, MICHELLE
STREET ADDRESS	2601 BISCAYNE BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	DP
NAME	MILLER, ROGER
STREET ADDRESS	2601 BISCAYNE BLVD.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 of this report. If changed, on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Number

4/28/95 305 516-6333