

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 516271 (4)

1. Corporation Name
MANATEE MANAGEMENT, INC.

Principal Place of Business 3711 CORTEZ ROAD W. STE 300 BRADENTON FL 34210 US	Mailing Address 3711 CORTEZ ROAD W. SUITE 300 BRADENTON FL 34210-3108 US
---	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/12/1976	3a. Date of Last Report 04/29/1996
		4. FEI Number 59-1759028	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACKMER, THOMASINE 3711 CORTEZ ROAD W. SUITE 300 BRADENTON FL 34210	10. Name and Address of New Registered Agent 81 Name OLSON, ANN M. 82 Street Address (P.O. Box Number is Not Acceptable) 3711 Cortez Rd. W. 83 Suite 300 84 City BRADENTON FL 85 Zip Code 34210
--	--

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 Ann M. Olson ANN M. OLSON 4/25/97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTD NAME SCHIER, JAMES R. STREET ADDRESS 3711 CORTEZ RD., SW STE 300 CITY-ST-ZIP BRADENTON FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE ASD NAME ST JOHN, VALERIE A. STREET ADDRESS 3711 CORTEZ RD W SUITE 300 CITY-ST-ZIP BRADENTON FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE SD NAME BLACKMER, THOMASINE STREET ADDRESS 3711 CORTEZ RD. WEST, STE 300 CITY-ST-ZIP BRADENTON FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME OLSON, ANN M. 3.3 STREET ADDRESS 3711 Cortez Rd. W. 3.4 CITY-ST-ZIP BRADENTON FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE VP 4.2 NAME BARTLEY, JOHN 4.3 STREET ADDRESS 3711 Cortez Rd. W. 4.4 CITY-ST-ZIP BRADENTON FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: Ann M. Olson ANN M. OLSON 4/25/97 941-756-0677

CR2E034 (9/96)