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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Dono pol Diago of Musings

571994

(3)

Mail.na Arldress

FIRST MANGO MANAGEMENT, INC.

FILED Apr 07 1997 8:00am Secretary of State



	AVE SUITE 209 SPRGS. FL 32701	377 MAITLAND AVE ALTAMONTE SPRG				Date Incorporated or Qualified	3a. Date of	Last Report	
						05/12/1978 06/05/1996			
2. Principal Pl	lace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number		Applied Fi	or
21		26				59-1819054		Not Applic	cable
Suite Apt.	#, etc.	Suite, Apt #, et	c.			5. Certificate of Status Desired	, ,	3.75 Addition	
22		27						Fee Required	
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23 Zip	Country	28 Zip		Country		This corporation has liability for it			
24	25	29	30				Yes No		J.,
	9. Name and Address of Curi		1,551			10. Name and Address of New Re	istered Agen	Ł	
WH	ITING, JEFFREY			81	Name				
	MATLAND AVE., SUITE 209			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
ALT	AMONTE SPRINGS FL 32701					· · · · · · · · · · · · · · · · · · ·			
		,		83	Ì	•			1
				84	City		FL 65	Zip Code	
		2.00 1.002.1500.61-21-	Cial dea N		5 555554 561	rporation submits this statement for the pation's board of directors. I hereby accept	FL I	Doing its regist	lorer
ageat. La SIGNATURE	an fam har with, and accept the ob-					uired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TILE	P	☐ DELE	TE.	1.1 TITLE		•		Change L Ac	dditio
NAME	WHITING, JEFFREY			1.2 NAME					
STREET ADDRESS	377 MAITLAND AV, STE 20				T ADDRESS				
City-St-7in	ALTAMONTE SPRGS, FLOO	DELI	TE	1.4 CITY-1 2.1 TITLE	ST-ZIP		П	Change A	Additio
180				22 NAME	-		L '		
NAME STREET ADDRESS		•			T ADDRESS				
CITY ST 200			l	2. 4 CITY-	- 1	, at-			
TIELE		DELI	ETE	3.1 TITLE				Change A	Additio
NAM±				3.2 NAME					
STREET ADDRESSS				3.3 STREE	T ADDRESS				
City-St 7th				3.4. CITY-	ST-ZIP				
1016		☐ DELI	ETE	4.1 TITLE			<u></u>	Change L. A	Additio
NAME				4. 2 NAME					
STHELL ADDRESS]		I ADDRESS				
CH1+ST-7IP		☐ DFL	ETF.	4.4 CITY-	ST-ZIP			Change A	Additio
11016		L_1 Dru	16	5.1 TITLE 5.2 NAME	ļ		<u>.</u>		
NAME ATMA A HETMAN					T ADDRESS				
STREET ADORESS				5.4 CITY -			1		
CITY ST-74F		DFL	ETE	6.1 TITLE	71. 41L			Change A	Additio
NAM:		<u></u>	1	6.2 NAME				-	
STREET ADDRESS									
				63 STREE	T ADDRESS				
CITY SE-72				63 STREE	T ADDRESS ST-ZIP				

I. 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; the Lanuari 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:



1/8/97

407/331-7411

Daytirne P*ior