

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # 622342 (4)
1. Corporation Name
CONTEMCO MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
4362 NORTHLAKE BLVD
STE 211
PALM BEACH GARDENS FL 33410

Mailing Address
4362 NORTHLAKE BLVD
STE 211
PALM BEACH GARDENS FL 33410-6270

3. Date Incorporated or Qualified
05/18/1979

3a. Date of Last Report
03/19/1996

4. FEI Number
59-2761139

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 Suite, Apt. #, etc. Suite 217
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc. Suite 217
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

MINKER, JULES S.
4362 NORTHLAKE BLVD STE/21V 217
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PTD			<input type="checkbox"/>
	MINKER, JULES S	4362 NORTHLAKE BLVD, 21V	217	
		PALM BEACH GRDNS FL		
	VP			<input type="checkbox"/>
	MINKER, LINDA	4362 NORTHLAKE BLVD, 21V	217	
		PALM BEACH GRDNS FL		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2						
1.3						
1.4						
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2						
2.3						
2.4						
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2						
3.3						
3.4						
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2						
4.3						
4.4						
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2						
5.3						
5.4						
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2						
6.3						
6.4						

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 5617755660
Date Daytime Phone #

CR2E034 (9/96)