

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **623780** (4)

1. Corporation Name
1801 MANAGEMENT CORPORATION

Principal Place of Business

**1801 ARLINGTON ST.
SARASOTA FL 34239**

Mailing Address

**1801 ARLINGTON ST.
SARASOTA FL 34239**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

9. Name and Address of Current Registered Agent

**NIDIFFER, GORDON G., M.D.
3821 FLAMINGO AVE.
SARASOTA FL 34231**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
06/04/1979

3a. Date of Last Report
03/21/1995

4. FEI Number
59-1224600

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0500 and 607.0501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0500, Florida Statutes.

SIGNATURE

Signature of Taxpayers and other persons who are not officers or directors

Signature of Taxpayers and other persons who are not officers or directors

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	LETCWORTH, G. WALLACE	
STREET ADDRESS	1400 WESTBROOK DR.	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STENGER, VINCENT G.	
STREET ADDRESS	1703 LITTLE POINT CIRCLE	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	NIDIFFER, GORDON G.	
STREET ADDRESS	3821 FLAMINGO AVE.	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 NAME			
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 NAME			
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 NAME			
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 trustee or trustee-empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an addition, if applicable.

SIGNATURE:

Gordon G. Nidiffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)