

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **677885** (6)
1. Corporation Name
SONDERLING MANAGEMENT CORPORATION



Principal Place of Business: **10155 COLLINS AVE., APT. 909 BAL HARBOUR FL 33154**
Mailing Address: **10155 COLLINS AVE., APT. 909 BAL HARBOUR FL 33154**

2. Principal Place of Business: **above**
21 State, Apt. #, etc.:
22 City & State: **Bal Harbour, Fl.**
23 Zip: **33154** Country: **USA**
24 25 29 30

3. Date Incorporated or Qualified: **06/30/1980**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-2424965**
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

9. Name and Address of Current Registered Agent
**CYPEN, STEPHEN H.
825 ARTHUR GODFREY ROAD
MIAMI BCH. FL 33140**

10. Name and Address of New Registered Agent
81 Name: **same as before**
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: *Egmont Sonderling*

12. OFFICERS AND DIRECTORS
1. TITLE: **PDS**
2. NAME: **SONDERLING, EGMONT**
3. STREET ADDRESS: **10155 COLLINS AVE**
4. CITY, STATE, ZIP: **BAL HARBOUR FL**
5. TITLE: **President & CEO**
6. NAME: **Sole Officer and Director**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, STATE, ZIP: Change Addition
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY, STATE, ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY, STATE, ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **EGMONT SONDERLING** *Egmont Sonderling* 1/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)