

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: 21 *above*
22. City & State: 23 *Bal Harbour, Fl.*
24. Zip: 24 *33154* 25. Country: 25 *USA*
26. Mailing Address: 26 *same as*
27. City & State: 27 *above*
28. Zip: 29 Country: 30

3. Date Incorporated or Qualified: **06/30/1980**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-2424965**
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* DATE: _____
12. OFFICERS AND DIRECTORS: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: **PDS SONDERLING, EGMONT** 10. NAME:
2. STREET ADDRESS: **10155 COLLINS AVE** 11. STREET ADDRESS:
3. CITY, STATE, ZIP: **BAL HARBOUR FL** 12. CITY, STATE, ZIP:
4. TITLE: **President & CEO** 13. TITLE: Change Addition
5. NAME: **Sole Officer and Director** 14. NAME:
6. STREET ADDRESS: 15. STREET ADDRESS:
7. CITY, STATE, ZIP: 16. CITY, STATE, ZIP:
8. TITLE: Change Addition
9. NAME: 17. NAME:
10. STREET ADDRESS: 18. STREET ADDRESS:
11. CITY, STATE, ZIP: 19. CITY, STATE, ZIP:
12. TITLE: Change Addition
13. NAME: 20. NAME:
14. STREET ADDRESS: 21. STREET ADDRESS:
15. CITY, STATE, ZIP: 22. CITY, STATE, ZIP:
16. TITLE: Change Addition
17. NAME: 23. NAME:
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19. CITY, STATE, ZIP: 25. CITY, STATE, ZIP:
20. TITLE: Change Addition
21. NAME: 26. NAME:
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24. TITLE: Change Addition
25. NAME: 29. NAME:
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28. TITLE: Change Addition
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32. TITLE: Change Addition
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92. TITLE: Change Addition
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95. CITY, STATE, ZIP: 82. CITY, STATE, ZIP:
96. TITLE: Change Addition
97. NAME: 83. NAME:
98. STREET ADDRESS: 84. STREET ADDRESS:
99. CITY, STATE, ZIP: 85. CITY, STATE, ZIP:
100. TITLE: 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* DATE: **1/16/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)