

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **725578** (9)
1. Corporation Name
CQ MANAGEMENT, INC.



Principal Place of Business Mailing Address
101 NORTH RIVERSIDE DR. NEW SMYRNA BEACH FL 32168 **101 NORTH RIVERSIDE DR. NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified **02/16/1973** 3a. Date of Last Report **04/24/1995**
4. FEI Number **59-1507551** 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CROWLEY, TIMOTHY E.
101 N. RIVERSIDE DR. #705
NEW SMYRNA BEACH FL 32168**

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 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWNING, ROBERT	
STREET ADDRESS	101 N RIVERSIDE DR	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	KIRBY, ELOISE	
STREET ADDRESS	101 N RIVERSIDE DR #604	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDERSON, JAMES	
STREET ADDRESS	101 N RIVERSIDE DR #612	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, SUSAN	
STREET ADDRESS	101 N. RIVERSIDE DR #801	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOOTE, CHARLES	
STREET ADDRESS	101 N. RIVERSIDE DR #503	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROWLEY, TIMOTHY	
STREET ADDRESS	101 N. RIVERSIDE DR. #705	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MUEHLEISEN, ROBERT	
1.3 STREET ADDRESS	101 N. RIVERSIDE DR #409	
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUCY LADD	
4.3 STREET ADDRESS	101 N. RIVERSIDE DR #702	
4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy E. Crowley 1/22/95 904-428-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)