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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 725578 (9)

T. 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 32168-7053

3. Date Incorporated or Qualified
02/16/1973

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1507551

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROWLEY, TIMOTHY E.
101 N. RIVERSIDE DR. #705
NEW SMYRNA BEACH FL 32168

81 Name

Robert Muehleisen

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

101 N Riverside Dr #409

83

84 City

New Smyrna Beach,

FL

85 Zip Code

32168

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 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 617.0503, Florida Statutes.

SIGNATURE

Robert Muehleisen

DATE

1/31/97

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	MUEHLEISEN, ROBERT	
STREET ADDRESS	101 N. RIVERSIDE DR., #409	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIRBY, ELOISE	
STREET ADDRESS	101 N RIVERSIDE DR #804	
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	X	<input type="checkbox"/> DELETE
NAME	LUCH LADD	
STREET ADDRESS	101 N. RIVERSIDE DR., #702	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
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 checked="" type="checkbox"/> DELETE
NAME	CROWLEY, TIMOTHY	
STREET ADDRESS	101 N. RIVERSIDE DR. #705	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" 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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Delbert Kimbler
6.3 STREET ADDRESS	101 N Riverside Dr #505 New Smyrna
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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

Robert Muehleisen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8000000

CR2E037 (9/96)