

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725578 (9)
 1. Corporation Name
CQ MANAGEMENT, INC.



Principal Place of Business 101 NORTH RIVERSIDE DR. NEW SMYRNA BEACH FL 32168	Mailing Address 101 NORTH RIVERSIDE DR. NEW SMYRNA BEACH FL 32168
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3. Date Incorporated or Qualified
02/16/1973

4. FEI Number
59-1507551

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

MUEHLEISEN, ROBERT
101 N RIVERSIDE DR
409
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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> DELETE
NAME	MUEHLEISEN, ROBERT
STREET ADDRESS	101 N. RIVERSIDE DR., #409
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	KIRBY, ELOISE
STREET ADDRESS	101 N RIVERSIDE DR #604
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, JAMES
STREET ADDRESS	101 N RIVERSIDE DR #612
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LUCY 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	D <input type="checkbox"/> DELETE
NAME	KIMBLER, DELBERT
STREET ADDRESS	101 N RIVERSIDE DR #505
CITY-ST-ZIP	NEW SMYRNA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	James Henderson
2.3 STREET ADDRESS	101 N Riverside Dr #612
2.4 CITY-ST-ZIP	New Smyrna Bch, FL 32168
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martha Andrews
3.3 STREET ADDRESS	101 N Riverside Dr. #30
3.4 CITY-ST-ZIP	New Smyrna Bch, FL 3216
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Edward Barrett
5.3 STREET ADDRESS	101 N Riverside Dr. #402
5.4 CITY-ST-ZIP	New Smyrna Bch, FL 32168
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wanda Frye
6.3 STREET ADDRESS	101 N Riverside Dr. #504
6.4 CITY-ST-ZIP	New Smyrna Bch, FL 32168

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **ROBERT MUEHLEISEN** 1/8/98 904-427-2872

CR2E037 (10/97)