

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90072 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725578**

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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160961-90072-48



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/16/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1507551
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MUEHLEISEN 101 N RIVERSIDE DR 409 NEW SMYRNA BEACH FL 32168		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUEHLEISEN, ROBERT	1.2 NAME	
STREET ADDRESS	101 N. RIVERSIDE DR., #409	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES HENDERSON	2.2 NAME	VP
STREET ADDRESS	101 N RIVERSIDE DR #612	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	2nd VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA ANDREWS	3.2 NAME	
STREET ADDRESS	101 N RIVERSIDE DR #90	3.3 STREET ADDRESS	CARL OVERSTREET
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	101 N Riverside Dr # 206
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	NEW SMYRNA BEACH, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY LADD	4.2 NAME	
STREET ADDRESS	101 N. RIVERSIDE DR., #702	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD BARRETT	5.2 NAME	
STREET ADDRESS	101 N RIVERSIDE DRIVE #402	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 23168	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDA FRYE	6.2 NAME	PD
STREET ADDRESS	101 N RIVERSIDE DR #504	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Robert Muehleisen* ROBERT MUEHLEISEN 2/11/99 904 427-2872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)