

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **756204** (4)
1. Corporation Name
4141 MANAGEMENT, INC.



Principal Place of Business Mailing Address
4141 S. ATLANTIC AVE **4141 S. ATLANTIC AVE**
NEW SMYRNA BEACH FL 32169 **NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified **02/04/1981** 3a. Date of Last Report **02/24/1995**

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

4. FEI Number **59-2111972** 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

9. Name and Address of Current Registered Agent
MCDONALD, F. MORTON
915 PINE TREE TERRACE
DELAND FL 32720

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, RICHARD H	1.2 NAME	HALL, REGINA
STREET ADDRESS	700 ALMOND ST.	1.3 STREET ADDRESS	825 APPLETON AVE.
CITY-ST-ZIP	CLERMONT FL 34712	1.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURST, LARRY	2.2 NAME	JAMES MIZE
STREET ADDRESS	518 SABAL TRAIL CIRCLE	2.3 STREET ADDRESS	4141 S. ATLANTIC AVE # 705
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	NEW SMYRNA BCH, FL
TITLE	ATD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUNDERS, CANDACE	3.2 NAME	JOHNSON, JENNIFER
STREET ADDRESS	1 OLD GROVE LANE	3.3 STREET ADDRESS	424 SHOREWOOD LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	NEW SMYRNA BCH, FL
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGANN, JAMES	4.2 NAME	MCGANN, JAMES
STREET ADDRESS	681 DARCEY DRIVE	4.3 STREET ADDRESS	681 DARCEY DR
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	WINTER PARK, FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, REGINA	5.2 NAME	
STREET ADDRESS	825 APPLETON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALL, REGINA
1.3 STREET ADDRESS	825 APPLETON AVE.
1.4 CITY-ST-ZIP	ORLANDO, FL
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES MIZE
2.3 STREET ADDRESS	4141 S. ATLANTIC AVE # 705
2.4 CITY-ST-ZIP	NEW SMYRNA BCH, FL
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNSON, JENNIFER
3.3 STREET ADDRESS	424 SHOREWOOD LANE
3.4 CITY-ST-ZIP	NEW SMYRNA BCH, FL
4.1 TITLE	ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCGANN, JAMES
4.3 STREET ADDRESS	681 DARCEY DR
4.4 CITY-ST-ZIP	WINTER PARK, FL
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: *James McGann* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **4/25/96** OFFICE: **904-428-3946** DAYTIME PHONE: **904-423-2423**

CR2E037 (12/95)