FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836964

MAIN STREET MANAGEMENT COMPANY

(7)

FILED Mar 17 1997 8:00am Secretary of State



Principal Prace of Business 924-926 N MAIN ST. EXT PO BOX 5850 WALLINGFORD CT 06492		Mailing Address 924-926 N MAIN ST. EXT PO BOX 5850 WALLINGFORD CT 06492-7650						-	
						3. Date Incorporated or Qualified	303/20/1	96 R	eport
	lace of Busmoss	28. Mailing Address	 			4. FELONIA 1437	<u></u>	——————————————————————————————————————	plied For
Suite, Apt	# ote	Suite, Apt. #, etc.	·						t Applicable Additional
22	r, cur	27				5. Certificate of Status Desired	1 1 7		equired
City & State	C	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Col	intry		8. This corporation has liability for in	ntangible tax u	nder s	199.032,
24	25	29	30				Yes No		
HERI	 Name and Address of Current JOHN M., SR. 	Registered Agent		1	Name	10. Name and Address of New Rec	istered Agen	<u> </u>	
	MIDNIGHT PASS DRIVE, APT. 40	13-B		81	Name				
SARASOTA FL 34242				82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
				83					
				84	City		 85	Zip	Code
	10	LONG THE ON THE COLUMN		ļЦ			FL °°	<u></u>	
office or r agent 1 a	to the provisions of sections of 500 to egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	d by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointm	ient as	registered
SIGNATURE	Signature, typical or printed name of regestered ager	r and the if applicable (NC	DIE Registere	ed Age	nt signature requ	ired when reinstating)	DATE		
12.	PO OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	IS IN 12
THE	HOLDEN, DEBORAH H.		ITLE				Change	Addition	
NAME	9 FAIRLAWN DRIVE		1.2 N	IAME					
STREET ADDRESS	WALLINGFORD CT		1351		ADDRESS				ĺ
CHY-S1-749	CD 14			IIY-S	T-2IP				
*111.5	HERR, JOHN M	DELETE	2.1 TITLE		- 1		L)	Change	Addition
NAM:	8735 MIDNIGHT PASS DRIVE		2.2 N						
STREET ADDRESS	SARASOTA FL				ADDRESS				ì
CHY-SI-ZIE	TO DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
111115	HERR, JOHN M			3.2 NAIME			ш,	mango	F" Vocation
NAME Office a positive of	8735 MIDNIGHT PASS DRIVE				ADDRESS				
STREET ADDRESS CITY+S1+ZIP	SARASOTA FL		1	CITY-S					
TILLE	SO	DELETE	4.1 [N-211			Change	Addition
NAME.	HERR, JOHN M.		l l	NAME	j			•	-
STREE* ADDRESS	8735 MIDNIGHT PASS DRIVE		4.3 \$	THEFET	ADDRESS				
Cify S1 7IP	SARASOTA FL		I	OTY-S					
THILE		DELETE	5.1]					Change	Addition
NAME			5.2 N	IAME	1				
STREET ADORESS			5.3 9	TREET	ADDRESS				
CHY S1-72			5.4 0	XY-\$	T - ZIP				
THUE		DELETE	6.1 T	ITLE				Change	Addition
NAME			621	IAME					
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CHY-ST-7IP			6.4 (ITY-S	T-2IP		· 		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if charged, or on an attachment with an address.

SIGNATURE

GNATURE AND TYPED OR PRINTED WANE OF BIGNING OFFICER OR DIRECTOR

3-11-97

203-205-977 & Dayline Plone 9 0002014