

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F03008 (2)**

1. Corporation Name
SPECIAL ACCOUNTS MANAGEMENT, INC.



Principal Place of Business: **206 EAST 6TH AVENUE TALLAHASSEE FL 32303**
Mailing Address: **206 EAST 6TH AVENUE TALLAHASSEE FL 32303**

2. Principal Place of Business
21 **2400 SE FEDERAL HWY**
Suite, Apt. #, etc.
22 **SUITE 220**
City & State
23 **STUART, FLORIDA**
Zip Country
24 **34994** 25 **MARTIN** 26 **2400 SE FEDERAL HWY**
Suite, Apt. #, etc.
27 **SUITE 220**
City & State
28 **STUART, FLORIDA**
Zip Country
29 **34994** 30 **MARTIN**

3. Date Incorporated or Qualified: **10/24/1980** 3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-2030091** 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
10. Name and Address of New Registered Agent: **RRH**

9. Name and Address of Current Registered Agent
ROUSE, KENNETH
206 EAST 6TH AVENUE
TALLAHASSEE FL 32303
81 Name: **RONALD R. HANLON**
82 Street Address (P.O. Box Numbers Not Acceptable): **2400 SE FEDERAL HWY**
83 **SUITE 220**
84 City: **STUART** FL 85 Zip Code: **34994**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **RONALD R. HANLON** 03/29/96
Signature typed or printed name of registered agent and the legal date.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, H E	12. NAME	DOUGLAS, H.E.
STREET ADDRESS	8017 SE DOUBLE TREE DR.	13. STREET ADDRESS	2400 SE FEDERAL HWY, SUITE 220
CITY-STATE-ZIP	HOBE SOUND FL	14. CITY-STATE-ZIP	STUART, FLORIDA 34994
TITLE	VD <input type="checkbox"/> DELETE	2. TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROXTON, ROBERT E	22. NAME	BROXTON, ROBERT E
STREET ADDRESS	4015 CLUB HOUSE PLACE	23. STREET ADDRESS	2400 SE FEDERAL HWY., SUITE 220
CITY-STATE-ZIP	STUART FL	24. CITY-STATE-ZIP	STUART, FLORIDA 34994
TITLE	VD <input checked="" type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, KENNETH	32. NAME	
STREET ADDRESS	2698 S. HANNON HILL DR	33. STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	34. CITY-STATE-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, GAIL H	42. NAME	
STREET ADDRESS	1311 ELENOR DR.	43. STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	44. CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5. TITLE	VDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACH, LEONARD J.	52. NAME	BACH, LEONARD J.
STREET ADDRESS	8025 SE DOUBLE TREE DR	53. STREET ADDRESS	2400 SE FEDERAL HWY., SUITE 220
CITY-STATE-ZIP	HOBE SOUND FL	54. CITY-STATE-ZIP	STUART, FLORIDA 34994
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **H.E. DOUGLAS** 03/29/96 (407) 221-9010
Signature typed or printed name of signing officer or director Date Filed

CR2E034 (12/95)