

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F25011 (0)

1. Corporation Name
WHITE BROS. MANAGEMENT COMPANY

Principal Place of Business 452 INGLEWOOD DR PALM SPGS. FL33461 PO BOX 5660 LAKE WORTH FL 33461	Mailing Address 452 INGLEWOOD DR PALM SPGS. FL33461 PO BOX 5660 LAKE WORTH FL 33461
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 452 Inglewood Drive Suite, Apt. #, etc. 22 City & State 23 Palm Springs, FL Zip 24 33461		2a. Mailing Address 26 P. O. Box 17934 Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip 29 33416-7934		3. Date Incorporated or Qualified 03/04/1981	
				4. FEI Number 59-1529751	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHITE, JEAN 452 INGLEWOOD DR. PALM SPRINGS FL 33461				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JEAN	1.2 NAME	
STREET ADDRESS	452 INGLEWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, SHARYN M	2.2 NAME	
STREET ADDRESS	445 INGLEWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRGS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MARGARET M.	3.2 NAME	
STREET ADDRESS	453 INGLEWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SVD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JEAN	4.2 NAME	
STREET ADDRESS	452 INGLEWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

CR2E034 (10/97)