FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F47892** **(7)**

1. Corporation Name
TANDEM MANAGEMENT CORP.

Principal Place of Business	Mailing Address
3459 SEA GRAPE DRIVE SARASOTA FL 34242	3459 SEA GRAPE DRIVE SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1981
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21 1345 Main Street
Suite, Apt. #, etc.
22 A
City & State
23 Sarasota FL
Zip 24 34236 Country 25 USA

2a. Mailing Address
26 1345 Main Street
Suite, Apt. #, etc.
27 A
City & State
28 Sarasota FL
Zip 29 34236 Country 30 USA

4. FEI Number: 59-2131128 ☐ 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

HALPIN, D.J.
3459 SEA GRAPE DRIVE
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name: Stephen W. Dore
82 Street Address (P.O. Box Number is Not Acceptable): 1345 Main Street, Suite A
83
84 City: Sarasota FL 85 Zip Code: 34236

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 _____ 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	DP	11 TITLE	M	☐ Change ☒ Addition
NAME	HALPIN, D.J.	12 NAME	Stephen W. Dore	
STREET ADDRESS	3459 SEA GRAPE DRIVE	13 STREET ADDRESS	1345 Main Street, Suite A	
CITY-ST-ZIP	SARASOTA FL 34242	14 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	HAYES, PETER	22 NAME		
STREET ADDRESS	3459 SEA GRAPE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242	24 CITY-ST-ZIP		
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, HARRIET	32 NAME		
STREET ADDRESS	3459 SEA GRAPE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344961 CP