

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

FILED
Apr 23 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 # F47892 (7)
1. Corporation Name
TANDEM MANAGEMENT CORP.



Principal Place of Business 1345 MAIN STREET STE A SARASOTA FL 34236 US	Mailing Address 1345 MAIN STREET STE A SARASOTA FL 34236 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 406 Sarasota Quay Suite, Apt. #, etc. 22 City & State 23 Sarasota, Florida Zip 24 34236		2a. Mailing Address 25 406 Sarasota Quay Suite, Apt. #, etc. 27 City & State 28 Sarasota, Florida Zip 29 34236		3. Date Incorporated or Qualified 10/08/1981		4. FEI Number 59-2131128 Applied For Not Applicable	
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		7. 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

DOVE, STEPHEN W
1345 MAIN STREET
STE A
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name Stephen W. Dore	82 Street Address (P.O. Box Number is Not Acceptable) 406 Sarasota Quay	83	84 City Sarasota	85 Zip Code FL 34236
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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 Stephen W. Dore 4/3/98
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	M	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DORE, STEPHEN W			1.2 NAME			
STREET ADDRESS	1345 MAIN STREET, STE A			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYES, PETER			2.2 NAME			
STREET ADDRESS	3459 SEA GRAPE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			2.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARTZ, HARRIET			3.2 NAME			
STREET ADDRESS	3459 SEA GRAPE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" 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		<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			

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.

SIGNATURE: Stephen W. Dore 4/3/98 (941) 954-5555

CR2E034 (10/97)