

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F82973** (1)

1. Corporation Name

CALIWORTH MANAGEMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 2:09

Principal Place of Business

Mailing Address

17105 GULF BLVD.
NORTH REDINGTON BCH. FL 33708

17105 GULF BLVD.
NORTH REDINGTON BCH. FL 33708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/26/1982** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-2197040** 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOUTHWORTH, A M
17105 GULF BLVD
N. REDINGTON BCH. FL 33708**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0205 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 Sections 607.0205, 607.1508, Florida Statutes.

SIGNATURE

[Handwritten Signature]

(Print full name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SOUTHWORTH, MARGARET L**
STREET ADDRESS **17105 GULF BLVD**
CITY- ST- ZIP **N REDINGTON BCH, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP **Zip. 33708**

TITLE **D**
NAME **MASCAI, FRANK**
STREET ADDRESS **411 RIVERBAY DR**
CITY- ST- ZIP **TAMPA, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **DP**
NAME **SOUTHWORTH, A M**
STREET ADDRESS **17105 GULF BLVD**
CITY- ST- ZIP **N REDINGTON BCH, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP **Zip 33708**

TITLE **D**
NAME **LIMROTH, WELIZABETH S.**
STREET ADDRESS **17105 GULF BLVD.**
CITY- ST- ZIP **N REDINGTON BCH FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP **Zip 33708**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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 partner or partner equivalent in a partnership, or an individual authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attached list with an addressee.

SIGNATURE:

[Handwritten Signature]

(Print full name and title of officer or director)

1-27-95 (513) 92-0753

Date

Registered Agent