

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G12433 (0)
 1. Corporation Name
SORENSEN MANAGEMENT GROUP, INC.

Principal Place of Business 1590 GAY ROAD WINTER PARK FL 32789	Mailing Address 1590 GAY ROAD WINTER PARK FL 32789
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1982	3a. Date of Last Report 03/01/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2254279	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SORENSEN, KATHERINE L. 1590 GRAY ROAD WINTER PARK FL 32789		81 Name <i>Sorensen Katherine L</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>613 Executive Dr.</i> 83 84 City <i>Winter Park</i> FL 85 Zip Code <i>32789</i>	

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 607.0508, Florida Statutes.

SIGNATURE *Katherine L. Sorensen* DATE *3/28/97*
Signature typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, KATHERINE L.	1.2 NAME	
STREET ADDRESS	1590 GAY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, LEONARD R.	2.2 NAME	
STREET ADDRESS	1590 GAY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGEANN REED	3.2 NAME	
STREET ADDRESS	1014 E ALFRED STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFF, SANDRA M.	4.2 NAME	
STREET ADDRESS	1590 GAY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Sandra M. Huff* DATE *3/28/97* 407-629-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)