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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **G12433** **(0)**

1. Corporation Name
SORENSEN MANAGEMENT GROUP, INC.

Principal Place of Business
~~1590 GAY ROAD~~
~~WINTER PARK FL 32789~~
eff. 5/1/98

Mailing Address
~~1590 GAY ROAD~~
~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1982

2. Principal Place of Business
21 1525 Triangle Dr.
Suite, Apt. #, etc
22
City & State
23 Mt. Dora, Fl
Zip 24 32757 Country 25 Lake

2a. Mailing Address
27 same
Suite, Apt. #, etc
28
City & State
29
Zip
30 Country

4. FEI Number
59-2254279
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~SORENSEN, KATHERINE L.~~
~~613 EXECUTIVE DR~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent
81 Name: KATHERINE L. SORENSEN
82 Street Address (P.O. Box Number is Not Acceptable): 1525 Triangle DR.
83
84 City: Mt. Dora FL 85 Zip Code: 32757

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: Katherine L. Sorensen 3/13/98
Signature, type or print name of registered agent and, if applicable, the officer. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SORENSEN, KATHERINE L.		1.2 NAME	SORENSEN, KATHERINE L	
STREET ADDRESS	1590 GAY RD		1.3 STREET ADDRESS	1525 TRIANGLE DR.	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	SORENSEN, LEONARD R.		2.2 NAME	SORENSEN, LEONARD R.	
STREET ADDRESS	1590 GAY RD		2.3 STREET ADDRESS	1525 TRIANGLE DR.	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	GEORGEANN REED		3.2 NAME	Reed, Georgeanne	
STREET ADDRESS	1014 E ALFRED STREET		3.3 STREET ADDRESS	1525 Triangle Dr.	
CITY-ST-ZIP	TAVARES FL		3.4 CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	~~D~~	☒ DELETE	4.1 TITLE		☐ Change ☐ 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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Katherine L. Sorensen 3/13/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0840001