SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # G21718 **(3)**

1. Corporation Name
CAGAN MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
8469 GULF BLVD. NAVARRE BEACH FL 32566	8469 GULF BLVD. NAVARRE BEACH FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1983	3a. Date of Last Report: 03/19/1996
4. FEI Number: 59-2261597	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 184 Eglin PKwy NE	26 184 Eglin PKwy NE
22 Suite, Apt. #, etc. Ste. 7	27 Suite, Apt. #, etc. Ste. 7
23 City & State Ft WALTON, FL	28 City & State Ft WALTON, FL
24 Zip 32548 25 Country USA	29 Zip 32548 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAGAN, ISADORE 8469 GULF BLVD. NAVARRE BEACH FL 32566	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 184 Eglin PKwy NE Ste 7 83 84 City Ft WALTON, FL 85 Zip Code 32548

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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CAGAN, ISADORE		1.2 NAME		
STREET ADDRESS	8469 GULF BLVD.		1.3 STREET ADDRESS	184 Eglin PKwy NE Ste 7	
CITY-ST-ZIP	NAVARRE BEACH FL		1.4 CITY-ST-ZIP	Ft WALTON, FL. 32548	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEYER, LINDA D.		2.2 NAME		
STREET ADDRESS	766 SAILFISH DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (4/97)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8-11-97 904-302-0130