

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

FILED

Jan 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 # **G21718** (3)
1. Corporation Name
CAGAN MANAGEMENT GROUP, INC.



Principal Place of Business 9489 GULF BLVD. SUITE 7 FT. WALTON FL 32548 US	Mailing Address 184 EGLIN PKWY NE SUITE 7 FT. WALTON FL 32548 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 184 EGLIN PKWY NE Suite, Apt. #, etc. 22 Ste 7 City & State 23 FT. WALTON FL Zip 24 32548		2a. Mailing Address 26 184 EGLIN PKWY NE Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 02/04/1983
		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		

9. Name and Address of Current Registered Agent

**CAGAN, ISADORE
184 EGLIN PKWY NE
SUITE 7
FT. WALTON FL 32548**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

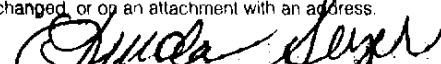
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CAGAN, ISADORE	1.2 NAME	
STREET ADDRESS	184 EGLINPKWY NE STE 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SEYER, LINDA D.	2.2 NAME	
STREET ADDRESS	708 SAILFISH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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:  **LINDA SEYER** 1/8/98 (850) 302-0130

CR2E034 (10/97)