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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

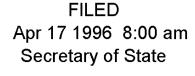
DOCUMENT #

1. Corporation Name

J44349

(5)

KUBERA MANAGEMENT CORPORATION



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Principal Place of Business Mailing Address								I FREININ DAN DIEN ENEND ANN DERN FORK DIEN DIEN DIEN DIEN BIEN DIEN DIEN DIEN DIEN DIEN DIEN DIEN D					
2337 U.S. HIGHWAY 19 HOLIDAY FL 34691			PO BOX 3845 HOLIDAY FL 34690-0845 US										
											of Last Report 05/01/1995		
2. Principal Place of Business			2a. Mailing Address 26					4. FEI Number 59-2752156					Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						of Status Desire	Desired \$8.75 Additional			
City & State			City & State					6 Flection C	ampaigo Financio		~		Required
23			1					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Ζφ 24	Country 25	29	Zip Country					ration has liability			x under s	199.032,	
24	ered Agent	[30]				Florida Statutes Yes No 10. Name and Address of New Registered Agent							
					81	Nan		10. 11	74446	OH ING	gistered i	Agent	
MOSSE	Y, WILLIAM J				82	Stro	at Addrage	/D C Doy Nur	mber is Not Acce	- toble	Α		
	S. HWY. 19				02	Stre	or Audress	S (F.O. DOX NO	FIDEL IS NOT ACCE	praoie	7		
	S. HWY. 19				83					•			
HOLIDA	Y FL 34691				84	City	··-					85 Zı	p Code
11 Pursuant to	the provisions of Sections 607.050	2 and 607	1509 Florida Statut	on the ob-							FL	1 1 '	
	d agent, or both, in the State of Flori , and accept the obligations of, Sec				corpo	oration	's board o	of directors. The	statement for the preby accept the	e purpo appoir	ose of cha itment as	nging its r registered	egistered office agent. Lam
SIGNATURE: _	-			S.									
12.	ignature, typed or printed name of registered agen OFFICERS AN				d Agent	t signat.	re required whe				DATE		
TITLE	PSTD	DUNECI	DELETE	13.	171 E	•••		ADDITIONS	S/CHANGES TO	OFFIC			
NAME	HIRSHON, JACK M.			12 N							L.] Change	Addition
STREET ADDRESS	2337 U.S. HWY. 19		·			ADDRES	s						
CHTY - ST - ZIP	HOLIDAY FL				ITY-S1								
THILE	D		DELETE	2. 1 T	ITLE] Change	Addition
NAME	MOSSEY, WILLIAM J			2.2 N	AME								
STREET ADDRESS	2337 U.S. HWY. 19 HOLIDAY FL			235	TREET	ADDRES	s						
CITY-ST ZIP	HOLIDAT FL		DELETE		TY-ST	T · ZiP							
NAME			D print	3. 1 T 3.2 N			ł				L] Change	Addition
STREET ADDRESS				ı		ADDRE:	is						
CITY-ST-ZIP					ITY-SI		-						
TITLE			☐ DELETE	4 1 T					· ·		[] Change	Addition
NAME				42 N	AME								
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NAME				5 1 T								j Change	Addition
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CITY-ST-ZIP					TY-SI		'						
TITLE	7180 2 444		DELETE	6. 1 T		4.11	 			· · · · · · ·		Change	Addition
NAME				6.2 N	AME		1				_	- •	_
STREET ADDRESS				6.3 ST	REET A	ADDRES	5						
CITY-S1-ZIP			 	6.4 CI	TY-ST	- 21P							

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), 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 office of 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 Florida Statutes, and that my name

SIGNATURE:

CSIGNATURE AND WED OR PRINTED NAME OF SIGNAN OF FIGER OF THE CHAIL HOST

Achter Man Hallon 4/12/96 813/977-42

CR2F034 (12/95