


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

FILED

Apr 03 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 # J49880 (4) 1. Corporation Name NORTHEAST OAKS MANAGEMENT, INC.			
Principal Place of Business C/O CORBIN, CHARLES J 238-34TH AVE N ST PETERSBURG FL 33704 US		Mailing Address 1191-45TH AVE NE ST PETERSBURG FL 33703-5247 US	
2. Principal Place of Business 21 1191-45TH AVE NE Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG, FLA Zip 24 33703 25 PINELLAS		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 12/24/1986		3a. Date of Last Report 03/14/1996	
4. FEI Number 59-2774130		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CORBIN, CHARLES J. 1191-45TH AVE NE ST. PETERSBURG FL 33703		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE			
NAME PST CORBIN, CHARLES J.			
STREET ADDRESS 1191-45TH AVE NE			
CITY-ST-ZIP ST. PETERSBURG FL			
1.2 TITLE <input type="checkbox"/> DELETE			
NAME GELINEAU, MELISSA			
STREET ADDRESS 1191-45TH AVE NE			
CITY-ST-ZIP ST PETERSBURG FL			
1.3 TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
1.4 TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
1.5 TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
1.6 TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME SUSAN TURNER CORBIN			
STREET ADDRESS 1191-45TH AVE NE			
CITY-ST-ZIP ST. PETERSBURG, FL 33703			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
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 if changed, or on an attachment with an address.			
SIGNATURE: CHARLES J. CORBIN 3/31/97 813-5279062 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)