

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

APPROVED

FED

FLORIDA STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # J68968

(3)

1. Corporate Name:

**ANDROGYNY MANAGEMENT CORP.**

Principal Place of Business

151 MARY ESTER BLVD  
STE 3000  
MARY ESTER FL 32569  
US

Mailing Address

1474-A W 84TH ST  
HAILEAH FL 33014  
US

FLORIDA STATE  
TALLAHASSEE, FLORIDA

FLORIDA STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/23/1987	02/08/1994

4. FEI Number	Applied For
59-2792611	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing	\$5.00 May Be Used For Contribution
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7. This corporation is liable for intangible tax under S. 199.037, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21	2b. Mailing Address
State Apt. # 100	State Apt. # 100
22	City & State
23	Zip
24	Country
25	Zip
26	Country
27	Zip
28	Country
29	Zip
30	Country

9. Name and Address of Current Registered Agent

OSMAN, L. MICHAEL  
1474-A W 84 ST  
HAILEAH FL 33014

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1008, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both in the state of Florida. Each 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 607.0908, Florida Statutes.

SIGNATURE

OSMAN, L. MICHAEL  
1474-A W 84 ST  
HAILEAH FL 33014

OSMAN, L. MICHAEL  
1474-A W 84 ST  
HAILEAH FL 33014

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12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	14. Change	15. Addition
1.01 NAME OSMAN, TY H. 3926 SKYLINE DRIVE NASHVILLE TN	4.1.01 4.2.NAM 4.3.001 ADD/01/7 4.4.001 11/20	<input type="checkbox"/>	<input type="checkbox"/>
1.02 NAME OSMAN, L. MICHAEL 1474-A W 84 ST HAILEAH FL	4.1.01 4.2.NAM 4.3.001 ADD/01/7 4.4.001 11/20	<input type="checkbox"/>	<input type="checkbox"/>
1.03 NAME OSMAN, CRAIG A. 17035 N.W. 78 COURT HAILEAH FL	4.1.01 4.2.NAM 4.3.001 ADD/01/7 4.4.001 11/20	<input type="checkbox"/>	<input type="checkbox"/>
1.04 NAME FONT, MIGUEL A. 8301 N.W. 11 COURT PEMBROKE PINES FL	4.1.01 4.2.NAM 4.3.001 ADD/01/7 4.4.001 11/20	<input type="checkbox"/>	<input type="checkbox"/>
1.05 NAME 8301 N.W. 11 COURT PEMBROKE PINES FL	4.1.01 4.2.NAM 4.3.001 ADD/01/7 4.4.001 11/20	<input type="checkbox"/>	<input type="checkbox"/>
1.06 NAME 8301 N.W. 11 COURT PEMBROKE PINES FL	4.1.01 4.2.NAM 4.3.001 ADD/01/7 4.4.001 11/20	<input type="checkbox"/>	<input type="checkbox"/>
1.07 NAME 8301 N.W. 11 COURT PEMBROKE PINES FL	4.1.01 4.2.NAM 4.3.001 ADD/01/7 4.4.001 11/20	<input type="checkbox"/>	<input type="checkbox"/>

14. I solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.1007(1)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made under oath that I am an officer or director of the corporation or the owner or trustee required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-95

305-823-1401

Date

Customer ID#

0084742 CP