FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # J68968 (3)

1. Corporation Name

ANDROGYNY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
151 MARY ESTER BLVD STE 3088 MARY ESTHER FL 32569 US	1474-A W 84TH ST HIALEAH FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1987
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2792611 — 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 has liability for intangible tax under S. 199.032, Florida Statutes. X Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OSMAN, L. MICHAEL
1474-A W 84 ST
HIALEAH 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 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

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	OSMAN, TY H.
STREET ADDRESS	3926 SKYLINE DRIVE
CITY-ST-ZIP	NASHVILLE TN
TITLE	PSD
NAME	OSMAN, L. MICHAEL
STREET ADDRESS	1474-A W 84 ST
CITY-ST-ZIP	HIALEAH FL
TITLE	VD
NAME	OSMAN, CRAIG A.
STREET ADDRESS	17035 N.W. 78 COURT
CITY-ST-ZIP	HIALEAH FL
TITLE	VD
NAME	FONT, MIGUEL A.
STREET ADDRESS	9301 N.W. 11 COURT
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; all blank)

14. 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(1)(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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-6-95 Daytime Phone: 305-823-1401

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