

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 # J68968 (3)

1. Corporation Name

ANDROGYNY MANAGEMENT CORP.

Principal Place of Business

151 MARY ESTER BLVD
STE 308B
MARY ESTHER FL 32569
US

Mailing Address

1474-A W 84TH ST
HIALEAH FL 33014
US



| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 04/23/1987 | 3a. Date of Last Report 05/11/1995 |
| 4. FEI Number 59-2792611 | 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 | VD OSMAN, TY H. 3926 SKYLINE DRIVE NASHVILLE TN | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSMAN, TY H. | 1.2 NAME | |
| STREET ADDRESS | 3926 SKYLINE DRIVE | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | NASHVILLE TN | 1.4 CITY- ST- ZIP | |
| TITLE | PSD OSMAN, L. MICHAEL 1474-A W 84 ST HIALEAH FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSMAN, L. MICHAEL | 2.2 NAME | |
| STREET ADDRESS | 1474-A W 84 ST | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | HIALEAH FL | 2.4 CITY- ST- ZIP | |
| TITLE | VD OSMAN, CRAIG A. 17035 N.W. 78 COURT HIALEAH FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSMAN, CRAIG A. | 3.2 NAME | |
| STREET ADDRESS | 17035 N.W. 78 COURT | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | HIALEAH FL | 3.4 CITY- ST- ZIP | |
| TITLE | VD FONT, MIGUEL A. 9301 N.W. 11 COURT PEMBROKE PINES FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FONT, MIGUEL A. | 4.2 NAME | |
| STREET ADDRESS | 9301 N.W. 11 COURT | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | PEMBROKE PINES FL | 4.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

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(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-Pres.

3-7-96

305-823-1401

Date

Daytime Phone #

CR2E034 (12/95)