

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

**APPROVED AND FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J71762** (5)

1. Corporation Name  
**AUTHORIZED MANAGEMENT, INC.**

Principal Place of Business Mailing Address

**14802 N DALE MABRY STE. 100 TAMPA FL 33618 US**

**14802 N DALE MABRY STE. 100 TAMPA FL 33618 US**

DO NOT WRITE IN THIS SPACE

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 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **05/06/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2904564** 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.  Yes  No

9. Name and Address of Current Registered Agent

**WEATHERMAN, BETTY D  
15105 NIGHTHAWK DR  
SUITE 100  
TAMPA FL 33625**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title of corporation) (NOTE: Registered Agent signature required when incorporating) (DATE)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | <b>PD</b>                          | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEATHERMAN, BETTY</b>           | 1.2 NAME  |   |
| STREET ADDRESS             | <b>14802 N. DALE MABRY STE 100</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>TAMPA FL</b>                    | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>VD</b>                          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEATHERMAN, GARY</b>            | 2.2 NAME  |   |
| STREET ADDRESS             | <b>14802 N. DALE MABRY STE 100</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>TAMPA FL</b>                    | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 3.2 NAME  |   |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                    | 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                      |                                    | 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 110.07(9)(a), 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 of this document, or on an attached page, with my address.

SIGNATURE: *Gary Weatherman* **GARY WEATHERMAN** 4-28-95 (813) 968-1114

(Signature, typed or printed name of signing officer or director) (Date) (Telephone Number)