

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J99252 (5)

1. Corporation Name

S & T MANAGEMENT GROUP, INC.



Principal Place of Business

515 N FLAGLER DR
SUITE 1400
WEST PALM BEACH FL 33401

Mailing Address

515 N FLAGLER DR
SUITE 1400
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WILLIAMS, SUSAN
1000 THOMASVILLE ROAD
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

10/28/1987

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0011695

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

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 607.0602 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY, STATE, ZIP	1.4 CITY, STATE, ZIP
5. TITLE	2.1 TITLE
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY, STATE, ZIP	2.4 CITY, STATE, ZIP
9. TITLE	3.1 TITLE
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY, STATE, ZIP	3.4 CITY, STATE, ZIP
13. TITLE	4.1 TITLE
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY, STATE, ZIP	4.4 CITY, STATE, ZIP
17. TITLE	5.1 TITLE
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY, STATE, ZIP	5.4 CITY, STATE, ZIP
21. TITLE	6.1 TITLE
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY, STATE, ZIP	6.4 CITY, STATE, ZIP

DS
SCHWAB, RONALD D.
515 N. FLAGLER DRIVE
WEST PALM BEACH FL

DP SD
TWITTY, PAUL M.
515 N. FLAGLER DRIVE
WEST PALM BEACH FL

DP PD
HANSER, WILLIAM A.
515 N. FLAGLER DRIVE
WEST PALM BEACH FL

T
RUTH, PAM
515 N FLAGLER DR STE 1400
W.P.B., FL 33401

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)(c), 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 recorder 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 amendment with an address.

SIGNATURE:

Camela K. Ruth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

832-5599
Daytime Phone #

CR2E034 (12/95)