

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K51958** (2)
1. Corporation Name
8200 MANAGEMENT CORP.



Principal Place of Business
**873 W. COCO PLUM CIRCLE
PLANTATION FL 33324**

Mailing Address
**873 W. COCO PLUM CIRCLE
PLANTATION FL 33324**

3. Date Incorporated or Qualified 12/16/1988	3a. Date of Last Report 01/23/1995
4. FEI Number 65-0089855	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 3535 Windmill Ranch Rd Suite, Apt. #, etc.	2a. Mailing Address 26. 3535 Windmill Ranch Rd Suite, Apt. #, etc.
22. City & State Fort Lauderdale, FL	27. City & State Fort Lauderdale, FL
23. Zip 33331	28. Zip 33331
25. Country USA	29. Country USA

g. Name and Address of Current Registered Agent
**TRUPKIN, DENIS P.
873 W. COCO PLUM CIRCLE
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	3535 Windmill Ranch Rd
83. City	Fort Lauderdale
84. State	FL
85. Zip Code	33331

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 607.0501, Florida Statutes.

SIGNATURE *Denis P. Trupkin*
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-27-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPKIN, LINDA	1.2 NAME	
STREET ADDRESS	873 W COCO PLUM CIR	1.3 STREET ADDRESS	3535 Windmill Ranch Rd
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33331
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPKIN, DENIS P.	2.2 NAME	
STREET ADDRESS	873 W COCO PLUM CIR	2.3 STREET ADDRESS	3535 Windmill Ranch Rd
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33331
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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

1-27-96

Date

Daytime Phone #

954-389-4311

12/95