

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 3:44

DOCUMENT # **K89823** (4)

1. Corporation Name  
**SIX V'S MANAGEMENT CORPORATION**

Principal Place of Business <b>2894-B REMINGTON GREEN TALLAHASSEE FL 32308 US</b>	Mailing Address <b>2894-B REMINGTON GREEN TALLAHASSEE FL 32308 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/22/1989</b>	3a. Date of Last Report <b>02/14/1994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>58-2950405</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VISCONTI, FRANK L.  
1535 KILLEARN CENTER BLVD.  
STE A-8  
TALLAHASSEE FL 32308**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2894-B Remington Green Lane</b>
83	
84 City	<b>FL</b>
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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VISCONTI, FRANK L.</b>	1.2 NAME	
STREET ADDRESS	<b>2894-B REMINGTON GREEN</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VISCONTI, FRANCES M</b>	2.2 NAME	
STREET ADDRESS	<b>2894-B REMINGTON GREEN</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VISCONTI, LISA A</b>	3.2 NAME	
STREET ADDRESS	<b>2894-B REMINGTON GREEN</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VISCONTI, LORA A</b>	4.2 NAME	
STREET ADDRESS	<b>2894-B REMINGTON GREEN</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VISCONTI, MARY C</b>	5.2 NAME	
STREET ADDRESS	<b>2894-B REMINGTON GREEN</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	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 119.07(3)(k), Florida Statutes. I further certify that the information presented 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 change of officers and directors with an addition.

SIGNATURE:

**Frank L. Visconti** 4/7/95 904.385.7545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR