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98 FEB 23 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		98 FEB 23 AM 9:34 <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
DOCUMENT # L06125 (3)					
1. Corporation Name <b>THE STROUD MANAGEMENT CORPORATION</b> <b>Eastman Management Services INC.</b>					
Principal Place of Business 501 FIRST AVENUE NO. SUITE 600 ST. PETERSBURG FL 33701 US		Mailing Address SAME STE 203 ST. PETERSBURG FL 33701 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 200 madonna Blvd.		2a. Mailing Address 26 200 madonna Blvd		3. Date Incorporated or Qualified 07/31/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2971581	
City & State 23 St. Petersburg, FL		City & State 28 St. Petersburg, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33715		Country 25 Pinellas		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JAMES C. ROWE 100 SECOND AVENUE SOUTH FOURTH FLOOR, NORTH TOWER ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name Joan Eastman 82 Street Address (P.O. Box Number is Not Acceptable) 200 madonna Blvd 83 84 City Tierra Verde, FL 85 Zip Code 33715			
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 607.0503, Florida Statutes. SIGNATURE _____ DATE 2/20/98 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P STROUD, MARK J. 606 FIRST AVENUE N STE 203 ST. PETERSBURG FL [X] DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P Eastman, Joan m 200 madonna Blvd St. Petersburg, FL 33715 [ ] Change [X] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 200002438772---0 -02/24/98--01024--001 ***158.75 ***158.75 [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE 2/20/98					