

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 JUN 13 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L468.22**
1. Corporation Name **Commodore Management, Inc. of Alachua County**

Principal Place of Business **1206 NW 22nd Ave. Gainesville, Florida 32609 Alachua County**
Mailing Address **1206 NW 22nd Avenue Gainesville, FL 32609**

21. Principal Place of Business <i>same</i>	26. Mailing Address <i>same</i>
22. Suite, Apt #, etc	27. Suite, Apt #, etc
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 2/1/90	3a. Date of Last Report 8-10-1995
4. FEI Number 59-2992072	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Nancy S. Haggopian
13903 Millhopper Road (NW 69 Avenue)
Gainesville, FL 32653

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	000001861530
83. City, State, and Zip	-06/13/96--01045--027
84. City	****233.75 FL ****233.75

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 **Nancy Haggopian, President** 6/13/96

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Alan M. Haggopian
STREET ADDRESS	4462 Vienna Woods Way
CITY, ST, ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Michael J. Smith
13. STREET ADDRESS	13903 NW 69 Avenue
14. CITY, ST, ZIP	Gainesville, FL 32653
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Pamela Smith
23. STREET ADDRESS	13903 NW 69th Avenue
24. CITY, ST, ZIP	Gainesville, FL 32653
31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Nancy Haggopian
33. STREET ADDRESS	13903 NW 69th Avenue
34. CITY, ST, ZIP	Gainesville, FL 32653
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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: **Nancy Haggopian, Nancy S. Haggopian**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96 (352) 377-7777

CR2E034 (12/95)