

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # **L61700** (5)
1. Corporation Name
BAKER MANAGEMENT GROUP, INC.

Principal Place of Business
%STEVEN R. BAKER
5401 KIRKMAN ROAD, STE. 610
ORLANDO FL 32819

Mailing Address
%STEVEN R. BAKER
5401 KIRKMAN ROAD, STE. 610
ORLANDO FL 32819-7911

3. Date Incorporated or Qualified 04/02/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3015347	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BAKER, STEVEN R.
5401 KIRKMAN ROAD, SUITE 610
SUITE 610
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	HALLING, ARNI T.	1.2 NAME	
STREET ADDRESS	5401 KIRKMAN RD., SUITE 610	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	WARE, THELMA C.	2.2 NAME	
STREET ADDRESS	5401 KIRKMAN RD. STE 610	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GILES, TERRY	3.2 NAME	
STREET ADDRESS	1272 PEACOCK HILL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA	3.4 CITY-ST-ZIP	
TITLE	CPD	4.1 TITLE	
NAME	BAKER, STEVEN R.	4.2 NAME	
STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 610	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V
NAME		5.2 NAME	FARMERIE, PAUL C.
STREET ADDRESS		5.3 STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 610
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE		6.1 TITLE	V
NAME		6.2 NAME	MACY, TIM O.
STREET ADDRESS		6.3 STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 610
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32819

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

407/351-0425

CR2E034 (9/96)