

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L64982** (6)
1. Corporation Name
ROOKERY BAY MANAGEMENT & COMPANY, INC.



Principal Place of Business % THOMASINE BLACKMER 3711 CORTEZ RD W S300 BRADENTON FL 34210 US	Mailing Address % THOMASINE BLACKMER 3711 CORTEZ RD W S300 BRADENTON FL 34210-3108 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/06/1990	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0184190	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACKMER, THOMASINE 3711 CORTEZ RD S S300 BRADENTON FL 34210	
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10. Name and Address of New Registered Agent 81 Name OLSON, ANN M. 82 Street Address (P.O. Box Number is Not Acceptable) 3711 Cortez Rd. W 83 Suite 300 84 City BRADENTON FL 85 Zip Code 34210	
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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 *Ann M. Olson* *ANN M. OLSON* DATE *4/25/97*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SOCHAR, MARK	
STREET ADDRESS	3711 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SCHIER, JAMES R.	
STREET ADDRESS	3711 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BLACKMER, THOMASINE	
STREET ADDRESS	3711 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ST. JOHN, VALERIE A.	
STREET ADDRESS	3711 CORTEZ ROAD WEST	
CITY-ST-ZIP	BRADENTON FL	
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 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OLSON, ANN M	
3.3 STREET ADDRESS	3711 Cortez Rd. W.	
3.4 CITY-ST-ZIP	BRADENTON FL 34210	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Ann M. Olson* *ANN M. OLSON* DATE *4/25/97* TELEPHONE *941-756-0677*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)