COR ANNU	PROFIT RPORATION JAL REPORT 1996	Sandra Secret	RTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS		
DOCUN	MENT # L71	551 (0)			
	ACAN MANAGEMENT, I	NC.			
Principal Place	of Hurinese	Mollon Address			
BURGESS & COMPANY INC  580 VILLAGE BLVD SUITE 330  WEST PALM BEACH FL 33409  US  Mailing Address  Mailing Address  **CANTRELL-WEAVER BURGES6*  580 VILLAGE BLVD SUITE 330  WEST PALM BEACH FL 33409  US				Date Incorporated or Qualified   3a. Date of Last Report	
				05/07/1990	05/01/1995
, Principal Pla I	ace of Business	2a. Mailing Address 26 BURGESS &	COMPANY IN	4. FEt Number 65-0193393	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zipi	Country 25	Zip	Country	8. This corporation has liability for	
	9. Name and Address of C	29 Surrent Registered Agent	[30]	Florida Statutes Yes  10. Name and Address of New F	No Registered Agent
S <del>UITE 1</del>	LAGE BLVD. 150 'ALM BEACH FL 33409		83	_ ==	
			84 City	€ 330	FL 85 Zip Code
familiar with GNATURE	to the provisions of Sections 607 ed agent, or hoth, in the State o th, and accept the obligations of	Florida: Such change was authorize, , Section 607.0505, Florida Statutes.	84 City es, the above named corpora d by the corporation's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of changing its registered officiontment as registered agent. I am
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6.4.017-51-7/P

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 Statules. 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 cath, 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 or an attachment with an address.

62 NAME

6.3 STREET ADDRESS 6.4 CITY-S1-ZiP

22

23 24

CITY -THE NAME

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phon