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

FILED Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)BAKER-RIECHMANN MANAGEMENT, INC. Principal Place of Business Mailing Address 1920 DEAN RD 87 TALLWOOD ROAD JACKSONVILLE BEACH FL 32250 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3014990 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NOE, WILLIAM G., JR. 599 ATLANTIC BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 6 83 ATLANTIC BEACH FL 32233 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Title 1.1 TITLE RIECHMANN, KEITH NAME 1.2 NAME **69 OAKWOOD RD** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BCH FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE BAKER, SCOTT NAME 2.2 NAME 69 OAKWOOD RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- 7IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

3/13/98

904-724-1775

Change

Addition

CR2E034 (1097