

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L82822**

(2)

1. Corporation Name

**TEAM MANAGEMENT GROUP, INC.**

Principal Place of Business

Mailing Address

**% C T CORPORATION SYSTEM  
8751 W BROWARD BLVD  
PLANTATION FL 33324**

**P.O. BOX 1256  
FT. MYERS FL 33902-1256  
US**



3. Date Incorporated or Qualified

**06/25/1990**

3a. Date of Last Report

**04/24/1996**

2. Principal Place of Business

2a. Mailing Address

**21 2030-D W. First Street**

**26 2030-D W. First Street**

4. FEI Number

**65-0204465**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

24 33901-3117

25 LEE

29 33901-3117

30 LEE

9. Name and Address of Current Registered Agent

**ZANDLO CAROL A  
214 CARRIAGE LANE  
N. FT. MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name

**Lee F. Sutcliffe**

82 Street Address (P.O. Box Number is Not Acceptable)

**2030-D W. First Street**

83

84 City

**Ft. Myers**

**FL**

85 Zip Code

**33901-3117**

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



**Lee F. Sutcliffe**

**April 21, 1997**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE  
NAME **ZANDLO, CAROL A.**  
STREET ADDRESS **214 CARRIAGE LN**  
CITY-ST-ZIP **N FT MYERS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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



**Carol A. Zandlo, President**

**April 21, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0404996

CR2E034 (9/96)