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

PROFIT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED May 21 1998 8:00am

	UAL REPORT	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						Secretary of State		
1. Corporation										
TEA	M MANAGEMENT	GROUP, IN	с.							
Principal Pla	ce of Business	.,	Mailing	Address	· · · · · ·	· · · · · · · · · · · · · · · · · · ·				
	W. First S		P.O. Box 1256 Fort Myers, FL							
FOI	t Myers, FL	33901-3117		33902-12		1.17			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	<u>:</u>
									6/23/90	Į
_	Place of Business			iling Address					4. FEI Number	Applied For
20 30 Suite, Apt	W. First S	treet		e, Apt. #, etc.	125	<u>6</u>			65-0204465	Not Applicable
22	, 6.0		27						I & Lighthogra of Status Hasirad I I	ee Required
City & Sta	t Myers, FL			y&State Fort Myer		ធា				5.00 May Be
Z _{(p}	Cou	ntry	28 T		<u>-</u>	Countr	у		Trust Fund Contribution 8. This corporation owes or has paid the current y	added to Fees
	01-3117 25 US			33901-125	6 30	US	A.		Personal Property Tax due June 30. Yes	X No
	9. Name and Add	iress of Current R	egistere	d Agent			7		10. Name and Address of New Registered Agent	
						81			e F. Sutliffe	
•						82	Street		ss (P.O. Box Number is Not Acceptable) 130-D W. First Street	
						83				
•						84	City	Fo	ort Myers, FL FL 85	33901°-3117
11. Pursuant office or agent 1	to the provisions of S registers againt, or b am familiar with, and a	ections 607.0502 a oth, in the State of l iccept the obligatio	nd 607.1 Horida S ns of, Se	508, Florida Stal Such chango wa: ction 607.0505, l	utes, s auth Florida	the aboverized by a Statute	ve-named by the corp	corpoi	oration submits this statement for the purpose of chan on's board of directors. I hereby accept the appointm	ging its registered ant as registered
SIGNATURE	_ Clo	rue	w							
12.	Signature type of or printed n	OFFICERS AND D			JII Re	13.	jent signature	i tednikaa	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	PSTD			DELETE		1.1 TITLE		Ī .		hange Addition
NAME	Carol a Za	ndlo-Sutli	ffe			1.2 NAME				;
STREET ADDRESS						1.3 STREE	T ADDRESS			[7
CHY-ST-ZIP	Fort Myers	FL 33901	-3117			1.4 CiTY -	ST-7IP		<u> </u>	Santa Daddina
TITLE	S			LJ DELETE		2.1 TOTLE			Ļ. ∪	hange L Addition !
NAME	Lee F. Sut					2.2 NAME	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	2030 W. Fi Fort Myers		_3117	,		2.3 SINEE				
TITLE	Tore Myers	7. T.M. 2220X	-3 + 4.6	DELFTE		3170LE	51-211		□ c	hange Addition
NAME						3.2 NAME		1		
STREET ADDRESS						3.3 STREE	T ADDRESS			
CITY-ST-ZIP						34 CITY	ST-ZIP			
TITLE				DELETE		4.1 TITLE		-		hange 🔲 Addition
NAME.						4. 2 NAME				
STREET ADDRESS							1 ADDRESS			
CITY-ST-ZIP TITLE				DELETE.		4.4 CITY- 5.1 TITLE	S1-ZIP			hange Addition
NAME						5.2 NAME			 -	,
STREET ADDRESS							1 ADDRESS		300002532683 -05/22/9801013021 ***150.00	
CITY-ST-ZIP						5.4 CITY-			***15B.00	
TITLE				☐ DELETE	_1	6.1 7(1).8				hange Addition
NAME						6.2 NAME	į			1705 Y
STREET ADDRESS					- 1	63STREE	T ADDRESS			7 / 1

6 4 CITY-S1-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.