FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED
FILED
95 MAR -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91892 (4)

1. Name of Corporation
BUTLER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
501 SOUTH FLAGLER DR. FLAGLER CENTER, SUITE 505 WEST PALM BEACH FL 33401	501 SOUTH FLAGLER DR. FLAGLER CENTER, SUITE 505 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1990
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Street, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0216123 ☐ 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

9. Name and Address of Current Registered Agent

FRIEDLAND, KIRK
FLAGLER CENTER, SUITE 505
501 SOUTH FLAGLER DR.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DPS	1 1 TITLE	☐ Change ☐ Addition
02 NAME	BUTLER, HOWARD	1 2 NAME	
03 STREET ADDRESS	3784 NW 53RD ST.	1 3 STREET ADDRESS	
04 CITY-ST-ZIP	BOCA RATON FL	1 4 CITY-ST-ZIP	
05 TITLE		2 1 TITLE	☐ Change ☐ Addition
06 NAME		2 2 NAME	
07 STREET ADDRESS		2 3 STREET ADDRESS	
08 CITY-ST-ZIP		2 4 CITY-ST-ZIP	
09 TITLE		3 1 TITLE	☐ Change ☐ Addition
10 NAME		3 2 NAME	
11 STREET ADDRESS		3 3 STREET ADDRESS	
12 CITY-ST-ZIP		3 4 CITY-ST-ZIP	
13 TITLE		4 1 TITLE	☐ Change ☐ Addition
14 NAME		4 2 NAME	
15 STREET ADDRESS		4 3 STREET ADDRESS	
16 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
17 TITLE		5 1 TITLE	☐ Change ☐ Addition
18 NAME		5 2 NAME	
19 STREET ADDRESS		5 3 STREET ADDRESS	
20 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
21 TITLE		6 1 TITLE	☐ Change ☐ Addition
22 NAME		6 2 NAME	
23 STREET ADDRESS		6 3 STREET ADDRESS	
24 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I declare to certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 1/27/95 (407) 642-3727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242360 CP