

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

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**Mar 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N99000001267**  
1. Corporation Name  
**MANATEE RESOURCE MANAGEMENT, INC.**

Principal Place of Business: **2262 MARINA PARK DRIVED FT MYERS FL 33905**  
Mailing Address: **2262 MARINA PARK DRIVED FT MYERS FL 33905-4707**

**200002791552-37**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FCL Number <b>65-0703601</b>	Applied For Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KUSHNER, STEVEN P 1375 JACKSON STREET SUITE 202 FT MYERS FL 33901</b>		10. Name and Address of New Registered Agent			
		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	85. State <b>FL</b>	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 \_\_\_\_\_ (Name, typed or printed name of registered agent and title in all caps)  
DATE \_\_\_\_\_ (Name, typed or printed name of registered agent and title in all caps)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TINDER, DAVID L</b>	1.2 NAME	
STREET ADDRESS	<b>1375 JACKSON STREET SUITE 202</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUEDI, DIETER DR.</b>	2.2 NAME	
STREET ADDRESS	<b>1375 JACKSON STREET SUITE 202</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TINDER, VICKY S</b>	3.2 NAME	
STREET ADDRESS	<b>1375 JACKSON STREET SUITE 202</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, CATHY L</b>	4.2 NAME	
STREET ADDRESS	<b>1375 JACKSON STREET SUITE 202</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILMER, TYLER R</b>	5.2 NAME	
STREET ADDRESS	<b>19218 PINE GLEN DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33902</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, JOHNNY W</b>	6.2 NAME	
STREET ADDRESS	<b>2266 MARINA PARK DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33905</b>	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 *David L. Tinder* **DAVID L. TINDER** Date **3-24-97** Register File # **990-193-1434**

CR2E034 (9/96)