

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

400002791554-1

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**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
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country

3. Date Incorporated or Qualified  
**09/13/1996**

4. FEI Number  
**65-0703601**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

8. Name and Address of Current Registered Agent

**KUSHNER, STEVEN P**  
**1375 JACKSON STREET**  
**SUITE 202**  
**FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDER, DAVID L	1.2 NAME	
STREET ADDRESS	1375 JACKSON STREET SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEDI, DIETER DR.	2.2 NAME	
STREET ADDRESS	1375 JACKSON STREET SUITE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDER, VICKY S	3.2 NAME	
STREET ADDRESS	1375 JACKSON STREET SUITE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CATHY L	4.2 NAME	
STREET ADDRESS	1375 JACKSON STREET SUITE 202	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, TYLER R	5.2 NAME	
STREET ADDRESS	19219 PINE GLEN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33902	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JOHNNY W	6.2 NAME	
STREET ADDRESS	2256 MARINA PARK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33905	6.4 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.

SIGNATURE: David L. Tinder 3-24-98 941-623-1434  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0583426

CFR2034 (10/97)