FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000008572 (8)

1. Corporation Name

HUNTINGTON MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
3400 LAKESIDE DRIVE SUITE 500 MIRAMAR FL 33027 US	3400 LAKESIDE DRIVE SUITE 500 MIRAMAR FL 33027 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/03/1993

3a. Date of Last Report: 03/24/1995

4. FEI Number: 65-0384855 ☐ 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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CHRISTINA, COTTER H	
STREET ADDRESS	3400 LAKESIDE DRIVE, SUITE 500	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VP	☐ DELETE
NAME	TAYLOR, JOHN	
STREET ADDRESS	4 EMBARCADERO CTR	
CITY-ST-ZIP	SAN FRANSCISCO CA	
TITLE	T	☐ DELETE
NAME	SIEGEL, DAVID L	
STREET ADDRESS	3400 LAKESIDE DRIVE, SUITE 500	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	S	☐ DELETE
NAME	FUSCO, ANTHONY S	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	SMITH, NEIL	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	KAVOUNAS, EDMOND	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	

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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 3/18/96 (954) 436-6304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

David L. Siegel