

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

FILED

**May 23 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 # P93000008572 (8)

1. Corporation Name
HUNTINGTON MANAGEMENT CORPORATION



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

Mailing Address
**3400 LAKESIDE DRIVE
SUITE 500
MIRAMAR FL 33027-3239
US**

3. Date incorporated or Qualified **02/03/1993** 3a. Date of Last Report **03/22/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0384855		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTINA, COTTER H		1.2 NAME	
STREET ADDRESS 3400 LAKESIDE DRIVE, SUITE 500		1.3 STREET ADDRESS	
CITY - ST - ZIP MIRAMAR FL		1.4 CITY - ST - ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAYLOR, JOHN		2.2 NAME	VP & Director Vernon C. Priest
STREET ADDRESS 4 EMBARCADERO CTR		2.3 STREET ADDRESS	3400 Lakeside Dr, Suite 500
CITY - ST - ZIP SAN FRANCISCO CA		2.4 CITY - ST - ZIP	Miramar FL 33027
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SIEGEL, DAVID L		3.2 NAME	Treasurer & Sr. VP & Director
STREET ADDRESS 3400 LAKESIDE DRIVE, SUITE 500		3.3 STREET ADDRESS	
CITY - ST - ZIP MIRAMAR FL		3.4 CITY - ST - ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FUSCO, ANTHONY S		4.2 NAME	Sec Susan Demkowitz
STREET ADDRESS 505 PARK AVE		4.3 STREET ADDRESS	3400 Lakeside Dr, Suite 500
CITY - ST - ZIP NEW YORK NY		4.4 CITY - ST - ZIP	Miramar FL 33027
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, NEIL		5.2 NAME	
STREET ADDRESS 505 PARK AVE		5.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		5.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAVOUNAS, EDMOND		6.2 NAME	
STREET ADDRESS 505 PARK AVE		6.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		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. Siegel* **David L. Siegel** 4/7/97 (954) 436-6324

CR2E034 (9/96)