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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042096 (6)

FOSHALEE MANAGEMENT, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				E LADALADA INT IBLOO LISU DAILE DAIL	thin that main inite but that	
13646 TENACITY LN 13646 TENACITY LN						
TALLAHASSEE FL 32312-8745 TALLAHASSEE FL 32312-			9745		DO MOT WORTE III THIS SELECT	
U\$ US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					06/14/1993	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				<u>59-3188270</u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the cu	1.
<u></u>			30			Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
	JSLEY, DUBOSE			Ivanie		
227 & CALHOUN ST TALLAHASSEE FL 32301			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
10	ILLA MOOCE PL 02001		83			
			84	City		85 Zip Code
				'	FL	-
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 agont, 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 Statules.						
SIGNATURE						
	Signature, typed or printed name of registered a	sgent and tille if applicable. (NOTE: IND DIRECTORS		ent signature re	equired when reinstaling) DATE	ID DIDECTORO IN 10
12.	D OFFICERS A	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	IRELAND, KATE		1.2 NAME	1		
STREET ADDRESS	RT 1 BOX 530			ADDRESS	13646 Tenanitulona	
CITY-ST-ZIP	TALLAHASSEE FL 32312		-	ADUNCSS	Tallelesses El 3131	6
TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		13646 Tenacity Lane Tallahassee, Fl. 3231	Change Addition
NAME		_	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-	1		
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY~	ST-ZIP		
TITLE			4.1 TITLE			Change Addition
KAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CiTY - 9	ST - ZIP		
TITLE		∐ DELETE	5.1 TITLE			Change L Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET			
CITY-ST-ZIP		T hripre	5.4 CITY-5	ST-ZIP		Change 1 4 4 4 20
TITLE		☐ DELETE	6.1 TITLE	- 1		Change L Addition
NAME .			6.2 NAME			
STREET ADDRESS	₽ •		6.3 STREET			
14. I hereby c	ertify that the information supplied	with this filing does not qualify for	6.4 CITY-S		in Section 119 07(3)(i) Florida Statutes 1 further of	ettify that the information
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 securate 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.						