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Mar 10 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 # P93000064212 (2)

1. Corporation Name
MCNEIL MANAGEMENT, INC.



Principal Place of Business
**7889 SADDLEBROOK DRIVE
PORT ST LUCIE FL 34986
US**

Mailing Address
**P.O. BOX 12836
FT PIERCE FL 34979-2836
US**

3. Date Incorporated or Qualified 09/15/1993	3a. Date of Last Report 07/08/1996
4. FEI Number 65-0446428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**STARKE, LEONARDO D.
3340 McDONALD STREET
SUITE 3600
MIAMI FL 33133**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCNEIL, RYAN D		1.2 NAME Ryan D. McNeil	
STREET ADDRESS 4702 AVENUE Q		1.3 STREET ADDRESS 1717 N. Bayshore Dr.	
CITY - ST - ZIP FT PIERCE FL 34947		1.4 CITY - ST - ZIP Miami, FL 33132	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYWOOD, ROSE M.		2.2 NAME Rose M. Haywood	
STREET ADDRESS P.O. BOX 3862 N/A		2.3 STREET ADDRESS 7889 Saddlebrook Dr.	
CITY - ST - ZIP FT. PIERCE FL		2.4 CITY - ST - ZIP Port St. Lucie, FL 34986	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLINS, PATSY H.		3.2 NAME Patsy H. Collins	
STREET ADDRESS 2803 ESSEX DR.		3.3 STREET ADDRESS 7889 Saddlebrook Dr.	
CITY - ST - ZIP FT. PIERCE FL		3.4 CITY - ST - ZIP Port St. Lucie, FL 34986	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Ryan McNeil **2/25/97** **305-375-9297**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)