

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 # P93000067997 (5)

1. Corporation Name
REILY MANAGEMENT, INC.



Principal Place of Business: **4515 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319**
Mailing Address: **4515 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319**

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

3. Date Incorporated or Qualified 09/24/1993	3a. Date of Last Report 08/01/1995
4. FEI Number 65-0486798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
REILY, WILLIAM B 4515 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319				81	Name			Stuart S. Rosenthal, Esq.	
				82	Street Address (P.O. Box Number is Not Acceptable)			800 E Cypress Creek Road	
				83	Suite			Suite 303	
				84	City			Fort Lauderdale	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 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: *[Signature]* DATE: **4/1/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REILY, WILLIAM B			2. NAME			
STREET ADDRESS	4515 N. STATE ROAD 7			3. STREET ADDRESS			
CITY-STATE-ZIP	LAUDERDALE LAKES FL 33319			4. CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				2. NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-STATE-ZIP				2.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
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-STATE-ZIP				4.4 CITY-STATE-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-STATE-ZIP				5.4 CITY-STATE-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-STATE-ZIP				6.4 CITY-STATE-ZIP			

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]* **William B. Reily** **4/1/96** **954 793-6163**

CR2E034 (12/95)