

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
 ANNUAL REPORT
 1994

P93000079793

94 SEP 14 PM 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000079793 (4)

1. Corporation Name
 CAPTIVA MANAGEMENT, INC.

REINSTATEMENT

Mailing Address
 16440 CAPTIVA ROAD
 CAPTIVA-FL-33924

Principal Place of Business
 16440 CAPTIVA ROAD
 CAPTIVA-FL 33924

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1993
 3a. Date of Last Report

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21 18930 W. 78th St. Suite, Apt. #, etc. 22	2a. Principal Place of Business 26 16251 Captiva Road Suite, Apt. #, etc. 27	4. FDI Number 65-0452611	Applied For Not Applicable
23 Chanhassen, MN City & State 24 55317 Zip	28 Captiva, FL City & State 29 33924 Zip	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Fictitious Name Fictitious Name Fictitious Name <input type="checkbox"/>
25 USA Country	30 USA Country	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33924

81 Name	85 State
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1128 or Sections 607.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent

PETER F. SOUZA
 ASSISTANT SECRETARY

9/12/94
 DATE

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS, IN 1994			
11 TITLE	D	11 TITLE		11 TITLE		11 TITLE	
12 NAME	REDMOND THOMAS M	12 NAME		12 NAME		12 NAME	
13 STREET ADDRESS	4951 SOUTH TIERRA DEL SOL	13 STREET ADDRESS		13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY - ST - ZIP	LAS VEGAS NV 89113	14 CITY - ST - ZIP		14 CITY - ST - ZIP		14 CITY - ST - ZIP	
21 TITLE		21 TITLE		21 TITLE		21 TITLE	
22 NAME		22 NAME		22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY - ST - ZIP		24 CITY - ST - ZIP		24 CITY - ST - ZIP		24 CITY - ST - ZIP	
31 TITLE		31 TITLE		31 TITLE		31 TITLE	
32 NAME		32 NAME		32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE		41 TITLE		41 TITLE	
42 NAME		42 NAME		42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE		51 TITLE		51 TITLE	
52 NAME		52 NAME		52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE		61 TITLE		61 TITLE	
62 NAME		62 NAME		62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP		64 CITY - ST - ZIP		64 CITY - ST - ZIP	

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 ***375.00 ***375.00

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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, and in an affidavit with an address.

SIGNATURE: *Tom Johnson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/94 612-934-4868
 Date Date of Filing