


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
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DOCUMENT # P94000008586 (7)

1. Corporation Name
FLETCHER MANAGEMENT, INC.

Principal Place of Business

395 MALLARD RD
FT LAUDERDALE FL 33327
US

Mailing Address

395 MALLARD RD
FT LAUDERDALE FL 33327-1124
US



3. Date Incorporated or Qualified 01/24/1994 3a. Date of Last Report 04/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 16822 SW 5TH WAY	26 16822 S.W. 5TH WAY	65-0469647	<input checked="" type="checkbox"/> Not Applicable
Suite Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	\$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23 Fort Lauderdale FL	28 Fort Lauderdale FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip Country	Zip Country		
24 33326 25 US	29 33326 30 US		

9. Name and Address of Current Registered Agent

FLETCHER, RONALD A
395 MALLARD RD
#318
FT LAUDERDALE FL 33327

10. Name and Address of New Registered Agent

81 Name ROSE LAWRENCE
82 Street Address (P.O. Box Number is Not Acceptable) 12253 S.W. 49 CT
83
84 City COOPER CITY FL 85 Zip Code 33370

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: *Rose M. Lawrence* DATE: 2/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D FLETCHER, HALRIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, HALRIC	1.2 NAME	
STREET ADDRESS	395 MALLARD RD	1.3 STREET ADDRESS	1306 NW 125 TERR.
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D FLETCHER, LYDWEINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, LYDWEINE	2.2 NAME	
STREET ADDRESS	395 MALLARD RD	2.3 STREET ADDRESS	1306 NW 125 TERR.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D FLETCHER, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, RONALD	3.2 NAME	
STREET ADDRESS	395 MALLARD RD	3.3 STREET ADDRESS	395 MALLARD RD
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	WESTON, FL 33327
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D FLETCHER, EARL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, EARL	4.2 NAME	
STREET ADDRESS	395 MALLARD RD	4.3 STREET ADDRESS	395 MALLARD RD
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	WESTON, FL 33327
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D LAWRENCE, ROSE FLETCHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, ROSE	5.2 NAME	
STREET ADDRESS	395 MALLARD RD	5.3 STREET ADDRESS	12253 S.W. 49 COURT
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	COOPER CITY, FL 33370
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D REID, SANDRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, SANDRA	6.2 NAME	
STREET ADDRESS	395 MALLARD RD	6.3 STREET ADDRESS	16822 SW 5TH WAY
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33326

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, changed, or on an attachment with an address.

SIGNATURE:

Sandra A. Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA A. REID
SECRETARY

Date 2-13-97

Daytime Phone # 305 625-2098

CR2E034 (9/96)