

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000020406 (2)**

1. Corporation Name

CORPORATE MANAGERS, INC.



Principal Place of Business

**140 INTRACOASTAL POINTE DR.
#306
JUPITER FL 33477**

Mailing Address

**140 INTRACOASTAL POINTE DR.
#306
JUPITER FL 33477**

2. Principal Place of Business

21 **1070 E. Indiantown Road**

2a. Mailing Address

26 **1070 E. Indiantown Road**

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0479909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22 **Suite 208**

Suite, Apt. #, etc.

27 **Suite 208**

City & State

23 **Jupiter, FL**

City & State

28 **Jupiter, FL**

Zip

24 **33477**

Country

25 **Palm Beach**

Zip

29 **33477**

Country

30 **Palm Beach**

9. Name and Address of Current Registered Agent

**LAVACHE, VICKI J
140 INTRACOASTAL POINTE DR.
#306
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name

Vicki J. Lavache

82 Street Address (P.O. Box Number is Not Acceptable)

1070 E. Indiantown Road

83

Suite 210

84 City

Jupiter

FL

85 **33477**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE **PD**
NAME **LAVACHE, VICKI J**
STREET ADDRESS **140 INTRACOASTAL POINTE DRIVE, #306**
CITY-ST-ZIP **JUPITER FL**

☐ DELETE

TITLE **STD**
NAME **O'KEEFE, JOHN**
STREET ADDRESS **140 INTRACOASTAL POINTE DRIVE, #306**
CITY-ST-ZIP **JUPITER FL**

☐ DELETE

TITLE **D**
NAME **WILKINSON, FLOYD D**
STREET ADDRESS **140 INTRACOASTAL POINTE DRIVE, #306**
CITY-ST-ZIP **JUPITER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

Vicki J. Lavache
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

407 575 3520

Daytime Phone

CR2E034 (12/95)