

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000020406 (2)

1. Corporation Name

CORPORATE MANAGERS, INC.



Principal Place of Business

1070 E INDIANTOWN ROAD  
SUITE 208  
JUPITER FL 33477  
US

Mailing Address

1070 E INDIANTOWN ROAD  
SUITE 208  
JUPITER FL 33477-5144  
US

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

65-0479909

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

LAVACHE, VICKI J  
1070 E INDIANTOWN ROAD  
SUITE 210  
JUPITER FL 33477

## 10. Name and Address of New Registered Agent

81 Name

Donna Grooms

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

1070 E. Indiantown Rd., #208

83

84 City

Jupiter

FL

85 Zip Code  
33477

11. Pursuant to the provisions of Sections 607.0507 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)

3-10-97

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAVACHE, VICKI J	
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, #306	
CITY - ST - ZIP	JUPITER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	O'KEEFE, JOHN	
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, #306	
CITY - ST - ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKENS, FLOYD D	
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, #306	
CITY - ST - ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donna Grooms	
1.3 STREET ADDRESS	1070 E. Indiantown Road, #208	
1.4 CITY - ST - ZIP	Jupiter, FL 33477	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Floyd D. Wilkenson	
3.3 STREET ADDRESS	1070 E. Indiantown Road, #208	
3.4 CITY - ST - ZIP	Jupiter, FL 33477	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 or changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

3/10/97

561-575-3520

Date

Daytime Phone #

CR2E034 (9/96)