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 # P94000024525

1. Corporation Name

ST. IVES MANAGEMENT CORP.

000001776150
-04/11/96--01021--017
***200.00

Principal Place of Business | Mailing Address

2. Principal Place of Business
21 7653 TURKEY LAKE RD
Suite, Apt. #, etc.
22 SUITE 143
City & State
23 ORLANDO FL
Zip 24 32819 Country 25

2a. Mailing Address
26 7653 TURKEY LAKE RD
Suite, Apt. #, etc.
27 SUITE 142
City & State
28 ORLANDO FL
Zip 29 32819 Country 30

3. Date Incorporated or Qualified: 3/29/94
3a. Date of Last Report: 3/20/95
4. FEI Number: 59-3231933 ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: JOHN T. MANHIRE
82 Street Address (P.O. Box Number is Not Acceptable): 7653 TURKEY LAKE RD
83 SUITE 142
84 City: ORLANDO FL 85 Zip Code: 32819

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: John T. Manhire JOHN T. MANHIRE - PRESIDENT 3/28/95
(Address, typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent's signature required when no address) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D, P, C	☒ Change ☐ Addition
NAME	JOHN T, MANHIRE SR		1.2 NAME	JOHN T. MANHIRE	
STREET ADDRESS	6124 ST. IVES BLVD		1.3 STREET ADDRESS	6124 ST. IVES BLVD	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME			2.2 NAME	DIANE M. MANHIRE	
STREET ADDRESS			2.3 STREET ADDRESS	6124 ST. IVES BLVD	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		☐ DELETE	3.1 TITLE	D, V, T	☐ Change ☒ Addition
NAME			3.2 NAME	WILLIAM F. JORGENSON	
STREET ADDRESS			3.3 STREET ADDRESS	1041 SNAFFER TRAIL	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	CLARA SEGIER	
STREET ADDRESS			4.3 STREET ADDRESS	1041 SNAFFER TRAIL	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		☐ DELETE	5.1 TITLE	D, V, S	☐ Change ☒ Addition
NAME			5.2 NAME	JAMES R. CURTISS	
STREET ADDRESS			5.3 STREET ADDRESS	740 HYDE PARK CIRCLE WEST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	~~DOCTOR~~ DOLORES CURTISS	
STREET ADDRESS			6.3 STREET ADDRESS	740 HYDE PARK CIRCLE WEST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	WINTER GARDEN FL 34787	

CR2E034 (12/95)

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: John T. Manhire 3/28/96 407-248-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)