FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00					FILED	
	PROFIT PORATION			RTMENT OF STATE	Feb 27 1	997 8:00am
ANNUAL REPORT			Secretary of State		Secretary of State	
1997			DIVISION OF CORPORATIONS			
	MENT # P Name LORIDA MANAGE	94000031 Ement, Inc.	141 (2)	:		
Principal Place of Business 4732 N DALE MABRY TAMPA FL 33614 US		4732	ng Address N DALE MABRY A FL 33614-6509			
					3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 02/19/1996
2. Principal Fi 21	lace of Business	2a. M 26	ailing Address		4. FEI Number 59-3238103	Applied For
Suite, Apt	#, etc.	SI SI	uite, Apt. #, etc.	······	5. Certificate of Status Desired	\$8.75 Additional
22 City & State	e	27 C	ity & State		6. Election Campaign Financing	Fee Required
23 Zip	L Course	28		0	Trust Fund Contribution	Added to Fees
24	Count 25	29		Country 30	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No
ENIO		ess of Current Register	ed Agent	81 Name	10. Name and Address of New Re	gistered Agent
	elhardt, daniel / ? N dale mabry	<b>4</b> .			Iress (P.O. Box Number is Not Acceptat	1a)
TAM	PA FL 33614				iress (F.O. box number is not Acceptat	ie)
				83		
				84 City		FL <sup>85</sup> Zip Code
11. Pursuant office or n	to the provisions of Se egistered agent, or bo	ctions 607.0502 and 607. In, in the State of Florida.	1508, Florida Statute Such change was a	es, the above-named cor authorized by the corpora	poration submits this statement for the p ation's board of directors. I hereby accept	urpose of changing its registered to the appointment as registered
SIGNATURE	ni ramilar wita, and ap	ceptithe obligations of, S	ection 607.0505, Fic	orida Statutes.		
12.		ne of registered agont and life if ap OF FICE RS AND DIRECTO		Registered Agent signature requ	ired when reinslating) ADDITIONS/CHANGES TO OFFIC	
TITLE	P		DELETE	1.1 TIFLE	ADDITIONS/CITAINDES TO OFFIC	ERS AND DIRECTORS IN 12
NAME	ENGELHARDT, DA			1.2 NAME		
STREET ADDRESS	4732 N DALE MAE TAMPA FL	SKY .		1.3 STREFT ADDRESS		
CHY-ST-ZIE TRUE			DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	· , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME				2 2 NAME		
STHEFT ADDRESS				2 3 STREET ADDRESS		
CITY - ST- ZIF TITLE			DELETE	2 4 CITY-SI-ZIP 3.1 TITLE		Change Addition
NAME			terred to a telefic	3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
Cilly - S? - Zif Tifle			DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME				4. 2 NAME	•······.	
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIF THTLE			DELETE	4.4 CITY-ST-ZIP		
NAME				5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS				5.3 STREET ADDRESS		
C-TY - ST- ZIF			DDETT	5.4 CITY-ST-ZIP	······································	
TITLE NAME			DELETE	6.1 TITLE 6.2 NAME		Change D Addition
STREET ADDRESS				6.3 STREET ADDRESS		
C-TY - ST - ZIF				6.4 CITY - ST - ZIP		
14. I do heret informatio I am an of appcars in	by certify that the inform n indicated on this and flicer or director of the n Block 12 or Block 13	nation supplied with third lua' report or supplicitien corporation or the report of chargest, or by a sub-	al anguar or occus to	y for the exemption state we aperaccurate and that are to execute this repo ress.	d in Section 119.07(3)(i), Florida Statute: t my signature shall have the same lega rt as required by Chapter 607, Florida S	<ul> <li>a. I further certify that the leffect as if made under oath; that tatutes; and that my name</li> </ul>
SIGNATURE: SIGNATURE DI PRINTED NAME DE SEMINIO DESIGNE DE DIRECTOR						