**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 # **P94000032174 (2)**

1. Corporation Name

**TRUMAN MANAGEMENT CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1755 N. CONGRESS AVENUE<br>BOYNTON BEACH FL 33426 | 1755 N. CONGRESS AVENUE<br>BOYNTON BEACH FL 33426 |

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 1100 Linton Blvd
22 Suite, Apt. #, etc.: Ste C-9
23 City & State: Delray Beach FL
24 Zip: 33444
25 Country:

2a. Mailing Address
26: P.O Box 4727
27 Suite, Apt. #, etc.:
28 City & State: Portsmouth, NH
29 Zip: 03802
30 Country:

4. FEI Number: 65-0487974 ☐ 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**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: _____ DATE
Signature of or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALSH, MARK<br>1755 N. CONGRESS AVENUE<br>BOYNTON BEACH FL 33426 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>D<br>Walsh. Mark<br>1100 Linton Blvd. Ste C-9<br>Delray. Beach FL. 33444 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALSH, MICHAEL<br>1755 N. CONGRESS AVENUE<br>BOYNTON BEACH FL 33426 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>D<br>Walsh. Michael<br>1100 Linton Blvd Ste C-9<br>DelrayBeach FL. 33444 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALSH, WILLIAM<br>1755 N. CONGRESS AVENUE<br>BOYNTON BEACH FL 33426 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>D<br>Walsh. William<br>One Catest Ste 3<br>Portsmouth NH 03801 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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: _____ 4/29/96 407 279 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL WALSH

CR2E034 (12/95)