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FILED  
Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008502 (3)

1. Corporation Name

FER MANAGEMENT, INC.

*Lakeport Lodge*

Principal Place of Business

RT. 6 BOX 801  
OKEECHOBEE FL 34974  
US

Mailing Address

RT. 6 BOX 801  
OKEECHOBEE FL 34974-9696  
US

*Lakeport Lodge*

2. Principal Place of Business

*Rt 6- Box 801*

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29 34974-9696 30

9. Name and Address of Current Registered Agent

KING, CLIFFORD M  
100 WALLACE AVENUE  
SUITE 380  
SARASOTA FL 34237

81 Name

*Floyd E. Roesler*

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

*RT-6 Box 801*

83

*Okeechobee, Fl*

84 City

*Fl*

FL

85 Zip Code

*34974*

10. Name and Address of New Registered Agent

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 not liable, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Floyd E. Roesler*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FLOYD E. ROESLER	
STREET ADDRESS	404 ALVARADO ST.	
CITY-ST-ZIP	NORTHPORT FL	
TITLE	ST	DELETE
NAME	MARGARET ROESLER	
STREET ADDRESS	404 ALVARADO ST.	
CITY-ST-ZIP	NORTHPORT FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 if changed, or on an attachment with an address.

SIGNATURE

*Floyd E. Roesler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0489331

CR2E034 (9/96)