


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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90147 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008502

1. Corporation Name
FER MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business RT. 6 BOX 801 OKEECHOBEE FL 34974 US	Mailing Address RT. 6 BOX 801 OKEECHOBEE FL 34974 US
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3. Date Incorporated or Qualified 02/01/1995
4. FEI Number 65-0561951
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ROESLER, FLOYD R
RT 6 BOX 801
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name MARGARET ROESLER
82 Street Address (P.O. Box Number is Not Acceptable) RT 6 BOX 801
83
84 City OKEECHOBEE
85 Zip Code FL 34974

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 *Marge Roesler* DATE **3/5/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD E. ROESLER	
STREET ADDRESS	404 ALVARADO ST.	
CITY-ST-ZIP	NORTHPORT FL	<i>Passed AWAY</i>
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARGARET ROESLER	
STREET ADDRESS	404 ALVARADO ST.	<i>Prin.</i>
CITY-ST-ZIP	NORTHPORT FL	
TITLE	DIANE CUTLIP	<input type="checkbox"/> DELETE
NAME	25839 RADDANT RD.	
STREET ADDRESS	BATAVIA, IL 60510	<i>Daughter</i>
CITY-ST-ZIP	BATAVIA, IL 60510	
TITLE	Rich Cutlip	<input type="checkbox"/> DELETE
NAME	25839 Raddant Rd	
STREET ADDRESS	BATAVIA, IL 60510	<i>son/daughter</i>
CITY-ST-ZIP	BATAVIA, IL 60510	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT P/T MARGARET ROESLER
2.3 STREET ADDRESS	404 ALVARADO
2.4 CITY-ST-ZIP	NORTH PORT FL 34287
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V DIANE CUTLIP
3.3 STREET ADDRESS	25839 RADDANT RD.
3.4 CITY-ST-ZIP	BATAVIA, IL 60510
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S RICHARD CUTLIP
4.3 STREET ADDRESS	25839 RADDANT RD.
4.4 CITY-ST-ZIP	BATAVIA IL 60510
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T.
5.3 STREET ADDRESS	Marge Roesler
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 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, with all other like empowered.

SIGNATURE: *Marge Roesler* DATE: **2/18/99**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)