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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997 DOCUMENT # P95000035415 (5) HDI Principal Place of Business 105910 OVERSEAS HIGHWAY KEY LARGO FL 33037

2. Principal Place of Business

Suite, Apt. #, etc.

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Zip

FLORIDA DEPARTMENT OF \$1A18

105910 OVERSEAS HIGHWAY

KEY LARGO FL 33037-3049

2a. Mailing Address

Suite, Apt. #, etc

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## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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MANAGEMENT AND LE	ASING, INC.	
I Place of Business	Mailing Address	a sádinada ina confl. cuint goult félut ábusa iniba civit con licent buil co

**FILED** 

Apr 02 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

05/01/1995

65-0575117

4. FEI Number

5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intengible tax under s. 199.032, 25 Florida Statutos Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo SENECAL, KEVIN 105910 OVERSEAS HIGHWAY KEY LARGO FL 33037 83 84 Zip Code 85 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 Liorida. 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, typed or punted name of registered agent and line if applicable (NOTE Registered Agent's gnature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition 1.1 TITLE SENECAL, KEVIN 1.2 NAME 105910 OVERSEAS HIGHWAY 1.3 STREET ADDRESS KEY LARGO FL 33037 1.4 City - ST - 7/P DELETE Change Addition 2.1 1011 22 NAME 2.3 STREET ADDRESS 2 4 CITY - \$1 - 7 IF DETLIF 3.1 100 6 Change Addition 3.2 NAME 3.3 STHELL ADDRESS 3.4. CHTY - \$1 - 7/F Dittie Change Addition 4.1 TILLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CHY-S1-7IP DELETE Change Addition 511000 5.2 NAME 5.3 STREET ADDRESS 5.4 C(1Y-S)-ZIF DELETE Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS nation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the proportion of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name anged, or on an attachment with an address