

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000054919 (2)**

1. Corporation Name

LA JOLLA MANAGEMENT, INC.



Principal Place of Business: **150 E BOCA RATON ROAD BOCA RATON FL 33432**
Mailing Address: **150 E BOCA RATON ROAD BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **07/17/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0593364**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIDER, DONALD C
150 E BOCA RATON ROAD
BOCA RATON FL 33432**

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

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 _____

Signature of the person who signed the report as required by law.

Signature of Registered Agent (signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SIDER, DONALD C		1.2 NAME: _____	
STREET ADDRESS: 150 E BOCA RATON ROAD		1.3 STREET ADDRESS: _____	
CITY, ST, ZIP: BOCA RATON FL 33432		1.4 CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	2.1 TITLE: S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		2.2 NAME: David P. Graham	
STREET ADDRESS: _____		2.3 STREET ADDRESS: 96 N.E. Fourth Avenue	
CITY, ST, ZIP: _____		2.4 CITY, ST, ZIP: Delray Beach, FL 33483	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME: _____	
STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		3.4 CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		4.4 CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		5.4 CITY, ST, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY, ST, ZIP: _____		6.4 CITY, ST, ZIP: _____	

14. I do hereby certify that the information included 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD C. SIDER

2-21-96

(407) 391-1100

CR2E034 (12/95)