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PROFIT CORPORATION **ANNUAL REPORT**



Secretary of State

1998 DIVISION OF CORPORATIONS **DOCUMENT** # P96000004328 (6)

FILED Mar 19 1998 8:00am Secretary of State

	N MANAGEMENT, INC.						
i • *							
Principal Plac	ce of Business	Mailing Address				III. BUTAR UURIN UTUUD AAAD PAUR	
3017 W BAY	VILLA AVE	3017 W BAY VILLA	AVE				
TAMPA FL 33629		TAMPA FL 33628		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	E IN THIS SPACE	
					01/10/1996		
Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Appl	ied For
]		[26]			59-3359362	Not /	Applicab
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	
City & Stat	te	City & State			• Floring Committee Committee	Fee Requ	
		28			6, Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country	7 _{(p}	Coun	try	8. This corporation owes or has pa		
336//	-/607 25	29 33611-160	7 [30]		Personal Property Tax due June	e 30. 🔲 Yes 🔀 I	~
		rent Registered Agent		w [10. Name and Address of New Re	gistered Agent	
	RLIN, WILLIAM F			Name			
3017 W BAY VILLA AVE TAMPA FL 33 028* 336//-		11: 00	ļī.	Street Add	Iress (P.O. Box Number is Not Acceptat	ble)	
		1607	h	33			
			L				
			[4	City		FL 85 Zip Co	de
Office of F	registered agent, or both, in the Sta	ate of Florida. Such change wa	as authorized	by the corpora	poration submits this statement for the patients board of directors. I hereby acce	autoons of changing its r	egistere gistered
agent i a	am familiar with, and accept the ob	ligations of, Section 607.0505,	, Florida Statu	tes.			_
SIGNATURE	Signature, typed or printed name of registered	age of next title it applicable (f	NOTE Registered	Agent signature requ	ired when reinstating)	DATE	
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		IN 12
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	MERLIN, WILLIAM F		1 2 NAM	IE]		∐ Change [Additio
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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 eath; that I am an officer or director of the occupyoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

3-13-98 813-832-3551