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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000031496 (8)**

1. Corporation Name

**ENCORE MANAGEMENT GROUP, INC.**

Principal Place of Business

Mailing Address

**6007 CLAM BAYOU  
SANIBEL FL 33957**

**6007 CLAM BAYOU  
SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/05/1996**

4. FEI Number

**65-0658017**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBBINS, KATHLEEN  
6007 CLAM BAYOU  
SANIBEL FL 33957**

81 Name

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

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
ROBBINS, KATHLEEN  
6007 CLAM BAYOU  
SANIBEL FL 33957**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
PRITCHARD, PAULA  
6007 CLAM BAYOU  
SANIBEL ISLAND FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
PRITCHARD, PAULA  
6007 CLAM BAYOU  
SANIBEL ISLAND FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
PRITCHARD, PAULA  
6007 CLAM BAYOU  
SANIBEL ISLAND FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
PRITCHARD, PAULA  
6007 CLAM BAYOU  
SANIBEL ISLAND FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
PRITCHARD, PAULA  
6007 CLAM BAYOU  
SANIBEL ISLAND FL**

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: *Kathleen Robbins* **KATHLEEN ROBBINS** 4-27-98 941395/310

CR2E034 (10/97)