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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045990 (4)

FBG MANAGEMENT, INC.

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business				Mailing Address					18511001 110 10117 51114 95161 00111 00174 00111 01061 61610 10110 10111 0611 1661				
6553 SUPERIOR AVENUE SARASOTA FL 34231			6553 SUPERIOR AVENUE SARASOTA FL 34231-5835										
									3. Date Incorporated or Qualified 05/20/1996	3a. [Date of Last	Report	7
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	Applied For			
21				26				65-0681286					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Regulated	
City & State				City & State				6. Election Campaign Financing			May Be	7	
23			28				Trust Fund Contribution			to Fees			
Zip		Country		Zφ		ountry	/		8. This corporation has liability for i	ntangibl	e tax under	s. 199.032,	
24		25	29		30) Yes			╛
	9, Name	and Address of Current	Regis						10. Name and Address of New Registered Agent				
	rett, Jim i					81		Name					
		HAD, RESNICK & LIEB	ŀ			82	†-	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			\dashv
1900 RINGLING BOULEVARD							ļ						4
SAR/	ASOTA FL	34236				83							
•						84	†	Cily			85 Zig	Code	1
-				55 Telan 61 11 1		<u>. </u>	L			FL		 	
office or ri	egistered ag	ent, or both, in the State i	of Floric	la. Such change	was author	ized b	v t	named corpo he corporation	pration submits this statement for the poon's board of directors. I hereby accep	urpose o of the ap	ot changing pointment a	ils registered is registered	
agent. La	ım familiar wi	th, and accept the obliga	lions of	, Section 607.056	05, Florida 9	tatute	S.	,	, ,		•	5	İ
SIGNATURE	Character Land	or printed name of registered agen	t ped tille	d enviload la	/NOTE: Et alia	in and the			g when reinstating)	DATE			
12.	Signature, typed	OFFICERS AND				3.	C:TI	signature redoire	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	BS IN 12	16
TITLE	D			☐ DELET		1 THLE				2107111	Change		- 8
NAME	SYPRETT	TROY D			1	2 NAME						, _	
STREET ADDRESS		ERIOR AVENUE			1	3 STREET	I AI	DDRESS					
CITY-ST-ZIP	SARASOT	'A FL 34231			1	4 CHY-9	S1 <i>-</i>	ZIP					
TITLE	D			☐ DELE		1 TIBLE	_				Change	Addition	7
NAME		, Russell			2	2 NAME							
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CITY-ST-ZIP	SARASOT	A FL 34231			2	4 CITY	S1	- ZIP					
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NAME	SYPRETT				3	2 NAME							
STREET ADDRESS		GLING BOULEVARD			3	3 STREET	T A[DDRESS					
CITY-ST-ZIP	SARASOT	A FL 34236				4. CITY-	S1-	- ZIP					4
TITLE				DELE		.1 TITLE					L Change	Addition	
NAME						. 2 NAME							
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TITLE				∐ D€LE1		.1 TITLE					[] Change	Addition	
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CITY-ST-ZIP TITLE				DELE		4 CHY-S 1 THUE	SI -	(II)			Change	Addition	+
NAME				ب مردد							— спапре	L MOUNDI	
STREET ADDRESS						.2 NAME .3 STREE	T 61	DDBree					1
								1					
CITY-ST-ZIP	by certify tha	t the information supplied	with th	is filing does not		4 CITY - S	_		in Section 119.07(3)(i), Florida Statute	s. I furth	er certify the	at 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 tam 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.

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