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 # P96000049793 (8)

JOHNSON MANAGEMENT COMPANY OF ST. PETE BEACH, IN

Principal Place of Business

Mailing Address

ON DADADIOS LANS

FILED May 19 1997 8:00am Secretary of State



22 PARADISE LANE TREASURE ISLAND FL 33706			TREASURE ISLAND FL 33706-1129						
						3. Date Incorporated or Qualified 06/10/1996	3a. Date		port .
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address			4. FEI Number Applied For			
21		26				59-3784>70 Not Applicable \$8.75 Additional			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		6.75 <i>F</i> ee Re	
City & State		27 City & St	atc		· · · · • · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00	·
23	•	28				Trust Fund Contribution		Added t	
Zip	Country	Zφ		Country		8. This corporation has liability for i			199.032,
24	9. Name and Address of Curre	29		[30]		10. Name and Address of New Reg	Yos 🔲		
1011		eni Hegistereo Ago	**************************************	81	Name	To. Name and Address of New Rej	Rizraien whi	9f1t	
	NSON, BERNARD H ARADISE LANE								
	ASURE ISLAND FL 33706			62	Street Add	dress (P.O. Box Number is Not Acceptab	de)		
i) iii	ADDIT IODAID I COLOR			83				·	
				84	City			35 Zip (Code
							FL		
office or r ag ent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli BERNARD	ite of Florida. Such o igations of, Section JOHNS 07	change was 607.0505, FI	authorized by orida Statutes	the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions with the patients of	the appoin	tment as	registered
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRLCTORS	(NOI	Hegislered Age	int signature (12).	ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	IS IN 12
TITLE	D		DELFTE	1.1 71TLE				Change	Addition
NAME	JOHNSON, BERNARD H			1.2 NAME					
STREET ADDRESS	22 PARADISE LANE			1.3 STREET	ADDRESS				
CITY-ST-ZIP	TREASURE ISLAND FL 33706	3	·	1.4 City - S	1-7IP				
TITLE	D		DELETE	2.1 THEE			L	Change	Addition
NAME	JOHNSON, DEBORAH S			2.2 NAME					
STREET ADDRESS	22 PARADISE LANE	•		2.3 STREFT					
CITY-ST-ZIP TITLE	TREASURE ISLAND FL 33706		DELETE	2, 4 CHY-1 3.1 THE	S1 - 71P			Change	Addition
NAME	İ	L	_ percut	3.1 HILT 3.2 NAME			٠.٠	1 Ondings	
STREET ADDRESS				3.3 STREET	ADDRESS				İ
CITY-ST-ZIP				3.4 CITY-	1				
TITLE			DELETE	4.1 30115			ļ	Change	Addition
NAME			*	4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP			_	4.4 CITY - 9	31 - 21P			1	
TITLE		L	DEFELE	5.1 1111.6			i_	Change	Addition
NAME			:	5.2 NAME					
STREET ADDRESS				5 3 STREET					
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	5 4 CiTY - 5 6 1 TiTLE	o1 - ZIP		Т	Change	Addition
NAME		L	PECENE	62 NAME			L	, vivigo	- County
STREET ADDRESS				6.3 STHEET	ADDRESS				
CITY-ST-ZIP				64 DITY-5					
14 Lete hard	or partify that the information ourse	Lod with this films of	nan nal sual	ify for the eve		nd in Continu 110 07(2)(i) Florida Statuta	a. I furlbor o	Sriibe Heat	tho

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