

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 # P96000070232 (9)

1. Corporation Name
CALLAWAY MANAGEMENT COMPANY

Principal Place of Business
401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

Mailing Address
401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950-1530

FILED
Apr 23 1997 8:00am
Secretary of State



2. Principal Place of Business 21 2160 Reserve Park Trace Suite, Apt. #, etc.		2a. Mailing Address 26 2160 Reserve Park Trace Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/21/1996		3a. Date of Last Report	
22 City & State 23 Port St. Lucie, FL Zip 24 34986		27 City & State 28 Port St. Lucie, FL Zip 29 34986		4. FEI Number 65-0705114		Applied For Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Country		31 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FEE, FRANK H III 401-A SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34950				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 FL				86 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's signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D	FEE, FRANK H III					
NAME		401-A SOUTH INDIAN RIVER DRIVE					
STREET ADDRESS		FORT PIERCE FL 34950					
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		PD		1.2 NAME		T. SCOTT WINGFIELD	
1.3 STREET ADDRESS		7230 Reserve Creek Drive		1.4 CITY-ST-ZIP		Port St. Lucie, FL 34986	
2.1 TITLE		VTSD		2.2 NAME		CHRISTINE PERKINS	
2.3 STREET ADDRESS		1801 Oleander Blvd.		2.4 CITY-ST-ZIP		Fort Pierce, FL 34950	
3.1 TITLE				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
4.1 TITLE				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
5.1 TITLE				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
6.1 TITLE				6.2 NAME			
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-15-97

511-4108-4104

CR2E034 (9/96)