

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

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P96000079332 (8)**

1. Corporation Name
FHM MANAGEMENT CORP.



Principal Place of Business 9485 REGENCY SQUARE BLVD. SUITE 415 JACKSONVILLE FL 32225	Mailing Address 9485 REGENCY SQUARE BLVD. SUITE 415 JACKSONVILLE FL 32225-8156
---	--

3. Date Incorporated or Qualified 09/24/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3407124	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GABEL, GEORGE D JR.
76 SOUTH LAURA STREET
SUITE 1000
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JAMES E	1.2 NAME	
STREET ADDRESS	71 WATER STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	1.4 CITY - ST - ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, WILLIAM JR.	2.2 NAME	
STREET ADDRESS	4695 ALISA CIRCLE NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33703	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, RUEL L JR.	3.2 NAME	
STREET ADDRESS	721 PELICAN BAY DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32119	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MARY ANN	4.2 NAME	
STREET ADDRESS	1225 S. PENINSULA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	4.4 CITY - ST - ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABEL, GEORGE D JR.	5.2 NAME	
STREET ADDRESS	1850 SHADOWLAND STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	5.4 CITY - ST - ZIP	
TITLE	ATD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALAN, JACK B JR	6.2 NAME	
STREET ADDRESS	6 HARRISON CREEK ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	AMELIA ISLAND FL 32034	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)(j), 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: *James E Brock*

1/23/97 (404) 829-2277

CR2E034 (9/96)