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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079332

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/24/1996	
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 owes the current year Intangible Personal Property Tax. <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 1600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA STREET, STE. 3900
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> DELETE
NAME	BROCK, JAMES E
STREET ADDRESS	71 WATER STREET
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	VCD <input type="checkbox"/> DELETE
NAME	BOND, WILLIAM JR.
STREET ADDRESS	4695 ALISA CIRCLE NE
CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	TD <input type="checkbox"/> DELETE
NAME	BRADLEY, RUEL L JR.
STREET ADDRESS	721 PELICAN BAY DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL 32119
TITLE	SD <input type="checkbox"/> DELETE
NAME	RICHARDSON, MARY ANN
STREET ADDRESS	1225 S. PENINSULA DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	ASD <input type="checkbox"/> DELETE
NAME	GABEL, GEORGE D JR.
STREET ADDRESS	1850 SHADOWLAND STREET
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	ATD <input type="checkbox"/> DELETE
NAME	HEALAN, JACK B JR
STREET ADDRESS	6 HARRISON CREEK ROAD
CITY-ST-ZIP	AMELIA ISLAND FL 32034

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

1236 Stonehurst Way
Tallahassee, FL 32312

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, with all other like empowered.

SIGNATURE: *James E. Brock* **2/17/99 (904) 829-2174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)