## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT CORPORATION ANNUAL REPORT** 

1997



STATE

Sandra B. Morti

Secretary of Sta

DIVISION OF CORPOR TIONS

DOCUMENT # P96000086854 (2)

ASSOCIATED MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2381 ROBERTA LN.

2381 ROBERTA LN.

## **FILED** Mar 17 1997 8:00am Secretary of State



CLEARWATER F	FL 34624	CLEARWATER FL 34624-6537	ŀ		
			,	3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last Report
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 124	07 62ND St. N.	26 12467 62ND	St. N.	65-070986	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Su(		27 Suite 103		5. Continuate of Status Desired	Fee Required
City & State	٠ ا ا	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
	go, Florida	120 11 10	orida	Trust Fund Contribution	Added to Fees
24 3377	Country		Country	8. This corporation has liability for i	
<u> 24</u> 3377		29 33773 30	<u>US4</u>		Yes No
Name and Address of Current Registered Agent     Name and Address of New Registered Agent     Name and Address of New Registered Agent					
WIN	TER, ANN	Charles OF			
2381 ROBERTA LN. 82 Stre				Address (P.O. Box Number is Not Acceptab	le)
CLEARWATER FL 34824 13 467 63 43 54. N.					
			03	Suite 103	1
			84 City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	85 Zip Code
				MACSO	FL   33773
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 CHAPLES GENTY Signature typed or graved name of registered agent and title distribution (NOIL Registered Agent Signature required when reinstating)  DATE  OATE					
	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12. TITLE	P OF ICENS AND		1.1 TIFLE	President	Change Addition
	WINTER, RONALD H		1.2 NAME	Charles GENTY	
NAME	2381 ROBERTA LN.		1.3 STREET ADDRESS	12467 62 NO St. N. #	103
STREET ADDRESS	CLEARWATER FL 34624			,	377.3
CITY-ST-ZIP TITLE	S	<b>M</b> DELETE	1.4 CITY - ST - ZIP 2.1 THLE	Secretary	Change X Addition
NAME	WINTER, ANN	_	2.2 NAME	TO CASA GENTY	
'	2381 ROBERTA LN.		2.3 STREET ADDRESS	12467 GaMS St. N.	
STREET ADDRESS	CLEARWATER FL 34624		2. 4 CITY-ST-ZIP	hargo, Florida 3	<b>২</b> 773
CITY-ST-ZIP TITLE	OLD WITH COURT		3.1 TITLE		☐ Change ☑ Addition
NAME		<del></del>	3 2 NAME	17.7 %	_ , ,,
STREET ADDRESS			3 3 STREET ADDRESS	12467 62m st. A	<b>)</b> ,
***************************************			34. CITY-\$1-ZIP	12467 62m st. A Lacio Florida	33773
CITY-ST-ZIP TITLE	W		4.1 TITLE		Change Addition
NAME		4	4. 2 NAME		_ , _
			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-7iP		
CITY-ST-ZIP TITLE			51 11TLE		Change Addition
		<del>-</del>	5.2 NAME		
NAME OTOTET ADDDESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CHY+S1+ZIP		
CITY-ST-ZIP TITLE			6.1 THLE		Change Addition
NAME			G.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		in this files does not small for	6.4 CITY-ST-ZIP	totad in Coation 110 07/2\(\text{G}\). Florido Statuto	I further contifu that the

Intermediate the information supplied with this filling 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 13 if changed or on an attachment with an address.