
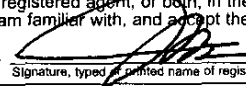


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90127 028 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000099915</b>					
1. Corporation Name <b>SDC MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>625 MAIN STREET SUITE 100 WINDERMERE FL 34786</b>			Mailing Address <b>625 MAIN STREET SUITE 100 WINDERMERE FL 34786</b>		
2. Principal Place of Business 21 <b>37 N. Orange Ave</b> Suite, Apt. #, etc. 22 <b>Suite 800</b> City & State 23 <b>Orlando, FL</b> Zip 24 <b>32801</b> 25		2a. Mailing Address 26 <b>37 N. Orange Ave</b> Suite, Apt. #, etc. 27 <b>Suite 800</b> City & State 28 <b>Orlando, FL</b> Zip 29 <b>32801</b> 30		3. Date Incorporated or Qualified <b>12/09/1996</b>	
9. Name and Address of Current Registered Agent <b>KLEIN, JEFFREY L 625 MAIN STREET SUITE 100 WINDERMERE FL 34986</b>		10. Name and Address of New Registered Agent 81 Name <b>Klein, Jeffrey L</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>37 N. Orange Ave</b> 83 <b>Suite 800</b> 84 City <b>Orlando</b> FL 85 Zip Code <b>32801</b>			
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  <b>JEFFREY L. KLEIN - PRESIDENT</b> DATE <b>4/29/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>KLEIN, JEFFREY L</b> STREET ADDRESS <b>2586 ROBERT TRENT JONES DRIVE, #1137</b> CITY-ST-ZIP <b>ORLANDO FL</b>			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>37 N. ORANGE AVENUE, STE. 800</b> 1.4 CITY-ST-ZIP <b>ORLANDO, FLORIDA 32801</b>		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>STAPLES, JOHN W</b> STREET ADDRESS <b>1714 SOUTH HIAWASSEE ROAD APT 29</b> CITY-ST-ZIP <b>ORLANDO FL 32835</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JEFFREY L. KLEIN**

Date

Daytime Phone #

CR2E034 (11/98)

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