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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P96000100906 (2) DOCUMENT #

DJH MANAGEMENT COMPANY, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				
28 IRENE STREET		28 IRENE STREET				
BROOKSVILLE FL 34601		BROOKSVILLE FL 34601				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
		To Mailine Addition				12/13/1996 4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address				
21		26				59-3414192 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zıp	├ ─┐ `	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	0		Personal Property Tax due June 30. Yes No
0 , Na	me and Address of Curre	ent Registered Agent		L.,		10. Name and Address of New Registered Agent
HENSLEY,	DONALD J			81	Name	e
28 IRENE			82 Street A		Street	et Address (P.O. Box Number is Not Acceptable)
	LLE FL 34601				0.1001	, readings (i.e., pox element)
0	200 (11 4 100)			63		
				84	City	FL 85 Zip Code
44 Durewant to the or	nuicions of Sections 607 Of	502 and 607 1508 Florida Sta	atutes the al	L	-namer	
office or registered	d agent, or both, in the State	te of Florida Such change w	as authorize	d by	the cor	ed corporation submits this statement for the purpose of changing its registered or
agent. I am familia	ir with, and accept the obli	gations of, Section 607.0505,	, Florida Stat	utes	i.	
SIGNATURE			Coir b			ure required whon reinstating) DATE
				egistered Agent signalure rech		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Orriot na A	DELETE	1.1 10	TI C		Change Addition
TITLE P	DIEN PUNNID I	better	1.2 NAME			
	SLEY, DONALD J.					.
200	E JEFFERSON ST		1.3 STREET ADDRESS			•
	OKSVILLE FL	DELETE			T-ZIP	Change Addition
TITLE	u.		DELETE 2.1 T			Charge Monton
NAME			2.2 NA			
STREET ADDRESS			2.3 STREET ADDRESS		address	\$
CITY-ST-ZIP			2. 4 CITY - ST - Z		ST - ZIP	
TITLE		☐ DELETE	DELETE 3.1 TII			Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 ST	TAEE1	ADDRESS	\$
CITY-ST-ZIP			3 4. CITY-ST-ZIP		ST - ZIP	
TITLE			41 Ti	4.1 THTLE		Change Addition
NAME			4. 2 N	IAME		
STREET ADDRESS			4.3 S	TAEET	ADDRESS	s
CITY-ST-ZIP						
TITLE	DELETE.			4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 N			·
l l			ŀ		ADDRESS	e
STREET ADDRESS			B B			<u> </u>
CITY-ST-ZIP		DELETE	5.4 C		T-ZIP	Change Addition
TITLE		☐ vittit				Citality Advision
NAME			6.2 N			
STREET ADDRESS					ADDRESS	5
CITY-ST-ZIP			6.4 C	ITY - S	7-ZIP	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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 informatic 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 intachment with an address.

4/28/98