## FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

PROFIT ( CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000102835 (1)

THEO MANAGEMENT INC.

Principal Place of Business Mailing Address							I (ODICIDAL ILO COSCO DISTI DORLE DELLE SOCIE	11 <b>9</b> 11 <b>49</b> 11 <b>8</b> 11	EDI 1010 E 1110	
1251 TAYLOR L SUITE 6D LEHIGH FL 3393		SUITE 60	1251 TAYLOR LANE SUITE 6D LEHIGH FL 33936							
							3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1996			
	lace of Business	F1	2a. Mailing Address				4. FEI Number 65-073030/			oplied For
Sulte, Apt.	# 010	26 Suito	Suite, Apt. #, etc.				63-0130301			ot Applicable
22	#, GIG.	27	٦ ' '				5. Certificate of Status Desired	X		Additional equired
City & State		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	City & State				6. Election Campaign Financing		<del> </del>	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	7ip Cou		itry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29			30			Florida Statutes Yes X No			
	9, Name and Address of 0	Current Registered A	gent		<b>B</b> 1	Name	10, Name and Address of New Re	gistered A	gent	
	OVITS, ANGELA				51	Name				
	TAYLOR LANE				82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
SUITI										
LEAN	GH FL 33936				83					
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508	, Florida Statu	ites, the ab	L ove	e-named corp	oration submits this statement for the p	urpose of	changing i	ts registered
office or r agent. I a	egistered agent, or both, in the m familiar with, and accept the	State of Florida, Suct obligations of, Section	n change was n 607.0505, F	authorized Iorida Stalu	ules	the corporati s.	ion's board of directors. Thereby accep	it the appo	ointment as	registered
SIGNATURE	Signature, typod or printed name of regist	ered soont and litte if applicat	ito (NC	H Registered	Age	nt signature requir	od when reinstating)	DATÉ		
12.		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	PSVT	770011	DETETE	1.1 1/1	LE.				Change	Addition
NAME	GAMMEL, THEO			1.2 NA	ME					
STREET ADDRESS	2904 OCOEE STREET				REET.	ADDRESS				
CITY-ST-ZIP	LEHIGH FL 33972			1.4 CIT		1 - ZIP				- T-1 1.100
TITLE			☐ DELETE		2.1 TITLE				Change	Addition
NAME					2.2 NAME					
STREET ADDRESS					2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE			DELETE	2. 4 GI 3.1 1 I i		51-ZIP			Change	Addition
NAME				3.2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3 4. CI						
TITLE			DELETE	4.1 7   7					Change	Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 \$ 16	REET	ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-5	T-ZIP				
TITLE			DELETE	5.1 TiT	LE				Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 \$16	REF1	ADORESS				ı
CITY-ST-ZIP			<del></del>	5.4 CIT		T-ZIP				- <del> </del>
TITLE			DELETE	6.1 (1)					Change	L_ Addition
NAME				6.2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	his could that the information a	upption with this ## ==	dece not a :	64 DI			Lin Continu 410 07/0VI) Florida Charles	n 1 (th	portification	t the
informatic	by cartify that the information s on indicated on this annual rep	ott ot subblemental at obbuen min tuis tiling	oces not qua inual report is	iliy for the i true and a	CCU	inplion stated urate and that	f in Section 119.07(3)(i), Florida Statute my signature shall have the same loga	s, r jurtner I effect as	if made ur	ine ider oath; that