

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000003982 (0)

1. Corporation Name

MANAGEMENT MASTERS, INC.



Principal Place of Business

7350-62 S. TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

7350-62 S. TAMiami TRAIL
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 940 Blvd. of the Arts		26 940 Blvd. of the Arts		01/09/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State SARASOTA, FL.		28 City & State SARASOTA, FL.		Applied For <input checked="" type="checkbox"/> Not Applicable	
24 Zip 34236		29 Zip 34236		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country SARASOTA		30 Country SARASOTA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BRACKENFIELD, WILLIAM C 7350-62 S. TAMiami TRAIL SARASOTA FL 34231				10. Name and Address of New Registered Agent	
				81 Name DIANE PENN	
				82 Street Address (P.O. Box Number is Not Acceptable) 940 Blvd. of the Arts	
				83	
				84 City SARASOTA	
				85 Zip Code FL 34236	

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 DIANE PENN, PRESIDENT DIANE PENN 4/27/98
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P-V-T-S-D-C-M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DIANE PENN
STREET ADDRESS		1.3 STREET ADDRESS	940 Blvd. of the Arts
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800002526438
STREET ADDRESS		5.3 STREET ADDRESS	-05/18/98--01003--046
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: DIANE PENN DIANE PENN, Pres 4/27/98 (941)366-2293

CR2E034 (10/97)