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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000020631 (2) DOCUMENT # 1. Corporation Name

PARTNERS IN MANAGEMENT, INC.

Principal Place of Business

ŀ

į.

Mailing Address

FILED May 05 1998 8:00am Secretary of State



455 AMHERST CIRCLE EAST 455 AMHERST CIRCLE EAST SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Yes 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GEMGAROWSKI, RUTHMARY C 455 AMHERST CIRCLE EAST Street Address (P.O. Box Number is Not Acceptable) 62 **SATELLITE BEACH FL 32937** В3 **84** City 85 Zip Code 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 Signature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE YOUNG, DEBORAH L NAME 1.2 NAME 748 CLARKE AVENUE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE **GEMBAROWSKI, RUTHMAY C** NAME 2.2 NAME 455 AMHERST CIRCLE EAST STREET ADDRESS 2 3 STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change ___ Addition NAME **GEMBAROWSKI, CHARLES J** 3.2 NAME **455 AMHERST CIRCLE EAST** STREET ADDRESS 3.3 STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP 3 4. CITY - ST - ZIP DEL ÉTÉ TITLE Change Addition 41 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

14. Thereby 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 cociover 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.

Man barrenster:

26 Apr 98

(407) 777-7374