05101999-90284-010-$150.00-$150.00

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90284 010 ***150.00

~~PROFIT~~
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000042987 ✓

Corporation Name
511 MANAGEMENT GROUP INC

Principal Place of Business
POST OFFICE BOX 690907
ORLANDO FL 32869-

Mailing Address
POST OFFICE BOX 690907
ORLANDO FL 32869-

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified: 5/11/98

2. Principal Place of Business — 2a. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City-State — City-State

Zip — Country — Zip — Country

4. FEI Number: 65-0852825 — Applied For / Not Applicable

5. Certificate of Status Desired — $30.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 Additional Fee Required

7. This corporation owes the current year applicable Personal Property Tax — Yes / No

8. Name and Address of Current Registered Agent

LYNN MARTIN
11636 PEACH GROVE LANE
ORLANDO, Florida 32821

10. Name and Address of New Registered Agent

31. Name

32. Street Address: P.O. Box Number is Not Acceptable

33.

34. City — 35. State: FL — Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change / Addition
LYNN MARTIN PRESIDENT & DIRECTOR 11636 PEACH GROVE LANE ORLANDO, FLORIDA 32821			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	Change / Addition

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, with all other like empowered.

SIGNATURE: Lynn Martin — pres. — April 25, 99

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR