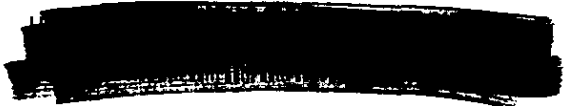


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90084 037 ***150.00

DOCUMENT # **P-98000099255**
 Entity Name **LILLIAN MANAGEMENT CORPORATION**

Principal Place of Business: **14 LILLIAN DRIVE** Mailing Address: **414 LILLIAN DRIVE**
ORLANDO FL 32806 **ORLANDO FL 32806**
US



DO NOT WRITE IN THIS SPACE

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3549897**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GROSMAN, KURT E.
1308 LAKE WILLISARA CIRCLE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>P, VP, T, S JACOB W. HOECHST 4043 GOLFSIDE DRIVE ORLANDO, FL 32808</p> <input type="checkbox"/> Delete	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like employment.

SIGNATURE: **J. W. Hoechst** **JACOB W. HOECHST** **4/25/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)