

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S26459 (5)**

1. Corporate Name:
SUNSTATE MANAGEMENT OF GAINESVILLE, INC.



Principal Place of Business: **6910 W UNIVERSITY AVE SUITE 3 GAINESVILLE FL 32607**
 Mailing Address: **6910 W UNIVERSITY AVE SUITE 3 GAINESVILLE FL 32607**

3. Date Incorporated or Qualified: **01/18/1991** 3a. Date of Last Report: **03/07/1995**
 4. FEI Number: **59-3040340** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**LESLIE, ROGER W
 6910 W UNIVERSITY AVE
 STE 3
 GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1	<input type="checkbox"/> DELETE	P LESLIE, ROGER W 6910 W UNIVERSITY AVE GAINESVILLE FL
12.2	<input type="checkbox"/> DELETE	
12.3	<input type="checkbox"/> DELETE	
12.4	<input type="checkbox"/> DELETE	
12.5	<input type="checkbox"/> DELETE	
12.6	<input type="checkbox"/> DELETE	
12.7	<input type="checkbox"/> DELETE	
12.8	<input type="checkbox"/> DELETE	
12.9	<input type="checkbox"/> DELETE	
12.10	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition	7.1 TITLE
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition	8.1 TITLE
13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition	9.1 TITLE
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition	10.1 TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: **2-596** **904-331-6868**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)