FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S43672** **(2)**

1. Corporation Name

VOLUNTEER MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
2801 N. COURSE DRIVE UNIT G-208 POMPANO BEACH FL 33069	2801 N. COURSE DRIVE UNIT G-208 POMPANO BEACH FL 33069

2. Principal Place of Business
21 921 SW 4th AVE
Suite, Apt. #, etc.
22
City & State
23 Ft. Lauderdale, FL
Zip 24 33315 Country 25 BROWARD

2a. Mailing Address
26 921 SW 4th AVE
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale, FL
Zip 29 33315 Country 30 BROWARD

3. Date Incorporated or Qualified: 04/08/1991
3a. Date of Last Report: 04/25/1995

4. FEI Number: 65-0240358 ☐ 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

9. Name and Address of Current Registered Agent

REPASS, WILLIAM H.
921 SW 4TH AVENUE
~~UNIT G-208~~ DELETE
FT. LAUDERDALE FL 33315

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 607.0502 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: /WHR — 6/12/96
Signature, typed or printed name of registered agent and title if any — Date — Registered Agent signature required if item 10 is altered

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MILLER, THOMAS ALAN	
STREET ADDRESS	921 SW 4TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	D	☐ DELETE
NAME	REPASS, WILLIAM H.	
STREET ADDRESS	921 SW 4TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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 added by attachment with an address.

SIGNATURE: /WHR — 6/12/96 — 305 832-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)