FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51741 (4)

1. Corporation Name
SOUTHERN MANAGEMENT I, INC.

Principal Place of Business	Mailing Address
10397 SOUTHERN BLVD ROYAL PALM BEACH FL 33411	10397 SOUTHERN BLVD ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0261763 ☐ 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

KRAVITZ, BRUCE I.
10397 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: Diane Able
82 Street Address (P.O. Box Number is Not Acceptable): 10397 Southern Boulevard
83
84 City: Royal Palm Beach, FL 85 Zip Code: 33411

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT L.	12 NAME	
STREET ADDRESS	10397 SOUTHERN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, CHRISTOPHER	22 NAME	
STREET ADDRESS	10397 SOUTHERN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	MILLER, LINNETTE	32 NAME	
STREET ADDRESS	10397 SOUTHERN BLVD.	33 STREET ADDRESS	DELETE
CITY-ST-ZIP	ROYAL PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	ABLE, DIANE	42 NAME	
STREET ADDRESS	10397 SOUTHERN BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE: Diane Able — Diane Able, Sec/Treas. — 4.4.95 — (407) 790-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0951004 CP