

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:33

DOCUMENT # S61520 (0)

1. Corporation Name

ENGLEWOOD MANAGEMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 900 E PINE STREET SUITE 126 ENGLEWOOD FL 34223	Mailing Address 900 E PINE STREET SUITE 126 ENGLEWOOD FL 34223
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/21/1991	3a. Date of Last Report 02/10/1994	4. FEI Number 65-0267362	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 DICKSON, ROBERT A 460 S INDIAN AVE ENGLEWOOD FL 34223	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	ZIPAY, BOBBI	1.2 NAME	
STREET ADDRESS	324 PINE GLEN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	HIMES, SCOTT	2.2 NAME	
STREET ADDRESS	11169 CARNEGIE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VPO	3.1 TITLE	☐ Change ☐ Addition
NAME	FLISHEL, JEFFREY	3.2 NAME	
STREET ADDRESS	13100 MCCALL ROAD #123	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	DVPC	4.1 TITLE	☐ Change ☐ Addition
NAME	WELLING, MIKE	4.2 NAME	
STREET ADDRESS	0751 EAGLE PRESERVE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	YETTAW, JERRY	5.2 NAME	
STREET ADDRESS	3135 BAHIA VISTA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WELLING, MAUREEN	6.2 NAME	
STREET ADDRESS	0751 EAGLE PRESERVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	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 110.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-95

815-474-2206