

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 # S61520 (0)

1. Corporation Name

ENGLEWOOD MANAGEMENT GROUP, INC.



Principal Place of Business

900 E PINE STREET
SUITE 126
ENGLEWOOD FL 34223

Mailing Address

900 E PINE STREET
SUITE 126
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified

06/21/1991

3a. Date of Last Report

01/31/1995

4. FEI Number

65-0267362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DICKSON, ROBERT A
460 S INDIAN AVE
ENGLEWOOD FL 34223

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

Signature, typed or printed name of registered agent and the date

Printed Name of Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
S	ZIPAY, BOBBI	324 PINE GLEN CT	ENGLEWOOD FL	<input type="checkbox"/>
P	HIMES, SCOTT	11169 CARNEGIE AVE.	ENGLEWOOD FL	<input type="checkbox"/>
VPO	FLISHEL, JEFFREY	13100 MCCALL ROAD #123	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>
DVPC	WELLING, MIKE	9751 EAGLE PRESERVE DR	ENGLEWOOD FL	<input type="checkbox"/>
T	YETTAW, JERRY	3135 BAHIA VISTA ST.	SARASOTA FL	<input type="checkbox"/>
D	WELLING, MAUREEN	9751 EAGLE PRESERVE DR	ENGLEWOOD FL	<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Tobojka, Roberta			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. TITLE	2. NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3. TITLE	3. NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. TITLE	4. NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. TITLE	5. NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. TITLE	6. NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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: Bobbi Zipay Bobbi Zipay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (941) 474-2206

DATE

DATE OF FILING

CR2E034 (12/95)