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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S61520 (0)
1. Corporation Name
ENGLEWOOD MANAGEMENT GROUP, INC.



Principal Place of Business Mailing Address
900 E PINE STREET 900 E PINE STREET
SUITE 126 SUITE 126
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-4437

3. Date Incorporated or Qualified 06/21/1991 3a. Date of Last Report 04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0267362	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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 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 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 TOBOJKA, ROBERTA	1.1 TITLE	Change Addition
NAME	324 PINE GLEN CT	1.2 NAME	
STREET ADDRESS	ENGLEWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P HIMES, SCOTT	2.1 TITLE	Change Addition
NAME	11169 CARNEGIE AVE.	2.2 NAME	
STREET ADDRESS	ENGLEWOOD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DVPC WELLING, MIKE	3.1 TITLE	Change Addition
NAME	9751 EAGLE PRESERVE DR	3.2 NAME	
STREET ADDRESS	ENGLEWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T YETTAW, JERRY	4.1 TITLE	Change Addition
NAME	3135 BAHIA VISTA ST.	4.2 NAME	
STREET ADDRESS	SARASOTA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WELLING, MAUREEN	5.1 TITLE	Change Addition
NAME	9751 EAGLE PRESERVE DR	5.2 NAME	
STREET ADDRESS	ENGLEWOOD FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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

[Signature]

1-23-97

CR2E034 (9/96)