

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30  
9. Name and Address of Current Registered Agent

DICKSON, ROBERT A  
480 S INDIAN AVE  
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified

06/21/1991

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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

TITLE S  
NAME TOBOJKA, ROBERTA  
STREET ADDRESS 324 PINE GLEN CT  
CITY-ST-ZIP ENGLEWOOD FL ☒ DELETE

TITLE P  
NAME HIMES, SCOTT  
STREET ADDRESS 11169 CARNEGIE AVE.  
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

TITLE DVPC  
NAME WELLING, MIKE  
STREET ADDRESS 9751 EAGLE PRESERVE DR  
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

TITLE T  
NAME YETTAW, JERRY  
STREET ADDRESS 3135 BAHIA VISTA ST.  
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE D  
NAME WELLING, MAUREEN  
STREET ADDRESS 9751 EAGLE PRESERVE DR  
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME Mike Brady  
1.3 STREET ADDRESS 2824 Pine Cove Road  
1.4 CITY-ST-ZIP Englewood, FL 34224 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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] 3/6/98 4/24/2006

CR2E034 (10/97)