

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S69834** (7)
1. Corporation Name
CITRUS MANAGEMENT, INC.

Principal Place of Business 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR FL 34685	Mailing Address 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR FL 34685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2364 VIOLET PLACE Suite, Apt. #, etc. 22 City & State 23 PALM HARBOR, FLORIDA Zip Country 24 34685 25 USA		2a. Mailing Address 26 2364 VIOLET PLACE Suite, Apt. #, etc. 27 City & State 28 PALM HARBOR, FLORIDA Zip Country 29 34685 30 USA		3. Date Incorporated or Qualified 07/26/1991	
4. FEI Number 59-3078400		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LASSEIGNE, ERROL 3444 E LAKE RD SUITE 412 PALM HARBOR FL 34685				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSEIGNE, ERROL	1.2 NAME	LASSEIGNE, ERROL
STREET ADDRESS	3444 E LAKE RD., STE 412	1.3 STREET ADDRESS	2364 VIOLET PLACE
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	VTS <input type="checkbox"/> DELETE	2.1 TITLE	VTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSEIGNE, STELLA	2.2 NAME	STELLA W. LASSEIGNE
STREET ADDRESS	3444 E LAKE RD., STE 412	2.3 STREET ADDRESS	2364 VIOLET PLACE
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **ERROL LASSEIGNE** 3/10/98 (813) 785-5525

CP2E034 (1097)