FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S91439** **(7)**

1. Corporation Name

JENSEN MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1755 N. CONGRESS AVENUE BOYNTON BEACH FL 33426	1755 N. CONGRESS AVENUE BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1991**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0363377**	☐ 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	

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27

City & State — 23 | City & State — 28

Zip — 24 | County — 25 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H
1745 N. CONGRESS AVE.
BOYNTON BEACH FL 33426

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 607.0501 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS	TITLE	☐ Change ☐ Addition
NAME	WALSH, MICHAEL	NAME	
STREET ADDRESS	1755 N. CONGRESS AVE	STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	CITY ST ZIP	
TITLE	VT	TITLE	☐ Change ☐ Addition
NAME	WALSH, MARK	NAME	
STREET ADDRESS	1755 N. CONGRESS AVE	STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	CITY ST ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	WALSH, WILLIAM	NAME	
STREET ADDRESS	1755 N. CONGRESS AVE	STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	CRITCHFIELD, RICHARD	NAME	
STREET ADDRESS	1745 N. CONGRESS AVE	STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an entry.

SIGNATURE: Michael Walsh pres. Michael Walsh 4/30/95 279-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284876 CP