

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 # S91439 (7)

1. Corporation Name

JENSEN MANAGEMENT CORPORATION



Principal Place of Business

1755 N. CONGRESS AVENUE
BOYNTON BEACH FL 33426

Mailing Address

1755 N. CONGRESS AVENUE
BOYNTON BEACH FL 33426

2. Principal Place of Business

2a. Mailing Address

21 1100 Linton Blvd

26 P.O. Box 4727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C-9

27

City & State

City & State

23 Delray Beach FL

28 Portsmouth NH

Zip

Country

Zip

Country

24 33444

25

29 03802

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/01/1991

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1100 Linton Blvd

83

Suite C-4

84

Delray Beach

FL

85 Zip Code

33444

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 or director, as applicable

Signature, typed or printed name of registered agent or director, as applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	WALSH, MICHAEL	
STREET ADDRESS	1755 N. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WALSH, MARK	
STREET ADDRESS	1755 N. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALSH, WILLIAM	
STREET ADDRESS	1755 N. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRITCHFIELD, RICHARD	
STREET ADDRESS	1745 N. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	PAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Walsh, Michael	
3. STREET ADDRESS	1100 Linton Blvd Ste C-9	
4. CITY-ST-ZIP	Delray Beach FL 33444	
5. TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Walsh, Mark	
7. STREET ADDRESS	1100 Linton Blvd Ste C-9	
8. CITY-ST-ZIP	Delray Beach FL 33444	
9. TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Walsh, William	
11. STREET ADDRESS	One Care St., Ste. 3	
12. CITY-ST-ZIP	Portsmouth, NH 03801	
13. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	Critchfield, Richard	
15. STREET ADDRESS	1100 Linton Blvd Ste C-9	
16. CITY-ST-ZIP	Delray Beach FL 33444	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 407 279 9900

Date

Daytime Phone #

CR2E034 (12/95)