

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

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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S94172 (1)
1. Corporation Name
WEB-MAR MANAGEMENT, INC.



Principal Place of Business 6014 THOMAS DRIVE PANAMA CITY BEACH FL 32407	Mailing Address P.O. BOX 9350 PANAMA CITY FL 32417-9350 US
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3. Date Incorporated or Qualified 11/15/1991	3a. Date of Last Report 02/20/1996
4. FBI Number 59-3091529	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**MELODEE WEBER
1619 MOYLAN RD.
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEBER, JAMES J. JR.	
STREET ADDRESS	216 FAIRWAY BLVD	
CITY - ST - ZIP	PANAMA CITY BCH. FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBER, MELODEE	
STREET ADDRESS	216 FAIRWAY BLVD	
CITY - ST - ZIP	PANAMA CITY BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENNA, CHRIS	
STREET ADDRESS	9733 120TH ST NO.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEKORTE, JANE	
STREET ADDRESS	13483 CORDOVA DRIVE	
CITY - ST - ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEBER, JAMES J JR.	
1.3 STREET ADDRESS	2863 TUPELO	
1.4 CITY - ST - ZIP	PANAMA CITY, FL 32405	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEBER, MELODEE	
2.3 STREET ADDRESS	2863 TUPELO	
2.4 CITY - ST - ZIP	PANAMA CITY, FL 32405	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 REQUIRED** _____ **4/19/97** **904 234 3951**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)