

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

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Mar 13 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 # **V18723** (9)
1. Corporation Name
CAICOS MANAGEMENT, CORP.



Principal Place of Business 150 OCEAN LANE DRIVE UNIT 5-H, ISLAND BREAKERS CONDOMINIUM KEY BISCAYNE FL 33149	Mailing Address 150 OCEAN LANE DRIVE UNIT 5-H, ISLAND BREAKERS CONDOMINIUM KEY BISCAYNE FL 33149-1458
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1992		3a. Date of Last Report 08/08/1996	
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent ROSENBERG, DONALD S. ROSENBERG, REISMAN, STEIN & DENNIS ONE S.E. 3RD AVENUE, SUITE 2800 MIAMI FL 33131				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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 reissuing)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	PST	RECKNOR, TERRI L.	150 OCEAN LANE DR #5-H	KEY BISCAYNE FL	
	D	RECKNOR, TERRI L.	150 OCEAN LANE DR #5-H	KEY BISCAYNE FL	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	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: *Terri L. Recknor* *Terri L. Recknor* 370-97 305365-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)