

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

DOCUMENT # **V45368** (0)
1. Corporation Name
PARTISAN MANAGEMENT GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:13

Principal Place of Business Mailing Address
2968 BIRKDALE **2968 BIRKDALE**
FORT LAUDERDALE FL 33332 **FORT LAUDERDALE FL 33332**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/23/1992		12/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0348124		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

WELDON, NORMAN R.
2968 BIRKDALE
FORT LAUDERDALE FL 33332

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P & T
NAME	WELDON, NORMAN R.	1.2 NAME	Weldon, Norman R.
STREET ADDRESS	2968 BIRKDALE	1.3 STREET ADDRESS	2968 Birkdale
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	Ft. Lauderdale FL 33332
TITLE		2.1 TITLE	V & S
NAME		2.2 NAME	Vijayamuri, Karen C.
STREET ADDRESS		2.3 STREET ADDRESS	1025 Creekford Dr.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Ft. Lauderdale FL 33326
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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:

Norman R. Weldon
Norman R. Weldon

1-21-95

305-599-3100