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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V46671

(6)

DICKINSON MANAGEMENT, INC.

Principal Place of Business Mailing Address							1 61610 61841 i	J1811 WIDH DIGHT 1	11811 1881
400 TONEY PENNA DRIVE JUPITER FL 33458 US		400 TONEY PENNA DRIVE JUPITER FL 33458-5713 US							
						3. Date incorporated or Qualified 06/23/1992		ate of Last Re <b>21/1996</b>	eport .
2. Principal F	hace of Business	2a. Mailing Addres	s			4. FEI Number		Ap	plied For
21		26				65-0338626			t Applicable
Suite Apt	#, etc	Suite, Apt. #, e	tc.			5. Certificate of Status Desired	X	\$8.75	
22 City & Stat		City & State						Fee Re	<del>`</del>
23		28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
<b>Z</b> ip	Country	Zip	T	Country		This corporation has liability for			
24	25	29	30				Yes [		199.002,
<u> </u>	9. Name and Address of Curren					10. Name and Address of New Re			******
VAU	IGHN, DAVID K.			<b>81</b> N	ame				,
	TONEY PENNA DR.			<b>82</b> S	treet Addre	ss (P.O. Box Number is Not Acceptal	ble)		
	ITER FL 33458					oo (i .o. cox italiiso) la italiisopial	JIO,		
				83					
				84 C	ity		FL	85 Zip (	Sode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the	above-na	med corpo	ration submits this statement for the	DUITDOSA O	changing its	s registered
office or r	egistered agent, or both, in the State	of Florida, Such change stions of Section 607.05	e was authori 505. Elorida S	zed by the	e corporation	on's board of directors. I hereby acce	pt the app	pointment as	registered
Ü	or the conge	atta is of, ecolor box loc	, , , , , , , , , , , , , , , , , , , ,	natatoo.					
SIGNATURE	Signature, typical or printed minus of registered agor	rit and title if applicable	(NOTE: Regist	tered Agent si	gnature require	d when reinstating)	DATE		
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFIC	CERS AND		
TELE	PDT DELETE		TE 1.	1.1 TITLE				L Change	Addition
NAME	VAUGHN, DAVID K.		1.3	2 NAME		•			
STREET ADDRESS	400 TONEY PENNA DRIVE		1.	3 STREET ADD	RESS				
CHY-ST-70	JUPITER FL			4 CITY - ST - ZI	Р	***************************************		- <del> </del>	
THE	VDS DELETE			2.1 TITLE				Change	Addition
NAME	SPRINGER, SHERIDAN M			2 NAME					
STHEET ACCURESS	400 TONEY PENNA DRIVE		2.3	3 STREET ADD	RESS				
017 - ST - 71P	JUPITER FL	T ott		4 CITY-ST-Z	IP			Change	Addition
TITLE		DELE		1 TITLE				☐ Change	☐ Magaaan
NAME CANCEL ASSESSED				2 NAME	Deec				
STREET ADDRESS				3 STREET ADD					
City - S* - 7iP Title		DELE		4. CITY - ST-Z 1 TITLE	IP .			Change	Addition
NAME		المام المام		2 NAME				CT OVERING	FIGURION
				. 2 NAME 3 STREET ADD	DECC				
STEEFT ADORESS									
CITY-ST-ZIP TITLE		☐ DELE		4 CITY - ST - ZI 1 TITLE			······································	Change	Addition
NAME		_ 200		2 NAME					
STREET ADDRESS				2 MANUE 3 STREET ADD	DEGG				
				4 CITY-ST-ZI					
CITY-ST-ZIP TITLE		DELE		4 (117-51-2) 1 TITLE	'			Change	Addition

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certily 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 compaction 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 or anged, or on an attachment with an address.

SIGNATURE:

NAME

STREET ADORESS City-SF-2iP

LOUITEDDavid K. Vaughn

2/24/97 747-5505

**FILED** 

Mar 03 1997 8:00am

Secretary of State