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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State
03-29-1999 90040 012 ***158.75

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DOCUMENT # **G12498**

1. Corporation Name
FLORIDA MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1555 PALM BCH LKS BLVD #1100 P O BOX 3267 WEST PALM BEACH FL 33402	1555 PALM BCH LKS BLVD #1100 P O BOX 3267 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/02/1982

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

4. FEI Number: 59-2239864 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ECCLESTONE, E. LLWYD, JR. 1555 PALM BCH LKS BLVD #1100 WEST PALM BEACH FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ECCLESTONE, E LLWYD,JR		1.2 NAME		
STREET ADDRESS	1555 PALM BCH LKS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	EVDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, RON		2.2 NAME		
STREET ADDRESS	1555 PALM BCH LKS BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~EVANS, ARLENE~~		3.2 NAME	Nannette Gammon	
STREET ADDRESS	1555 PALM BCH LKS BLV		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ECCLESTONE, E. L., III		4.2 NAME		
STREET ADDRESS	1555 PALM BCH LKS BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, PATRICE G		5.2 NAME		
STREET ADDRESS	1555 PALM BCH LKS BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Ron Cooper R. Cooper REQUIRED 3/18/99 561/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #