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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G71532

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90044 021 ***150.00



Principal Place	of Rusiness	Mailing Address				- 1 (001) (001) (000) (100) (110) (110)	INIC NENIO MÉDÍA DE	() DJES DIDII 14 BI
2180 PARK AVENUE NORTH		2180 PARK AVENUE NORTH						
SUITE 326		SUITE 326				• • • • • • • • • • • • • • • • • • • •		
WINTER PARK FL 32789		WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
						11/22/1983		
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number		Applied For
21		26				59-2315139		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
22		27						
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	,	IO May Be ed to Fees
23		28	Cou	mtm.				10 1 003
Zip	Country	Zip	F1	i iu y		This corporation owes the current year Personal Property Tax.	r mangible ☐ Yes	□No
24	25	29	30	_		10. Name and Address of New Registe		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Hamo and Madicado at the stage		
MAL	COM, THOMAS							
	PARK AVENUE NORTH, SUITE	326		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789		V		83		1,44 pt 1,25 pt 1,5 pt	201 410 2 6 414 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3 1 3 1 3 1
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				84	City		EI 85 Z	ip Code
		00	utas the el	hava	nomed corns	pration submits this statement for the purpos	e of changing	its registered
office or r	constared agent or both in the State	ant Fiorida, Such change was	authorized	ו עט ג	יטו אַטע וטט אָנון	n's board of directors. I hereby accept the a	ppointment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stati	utes.		· ·		•
SIGNATURE						Luchen reinstation) "1 + 34". DAT		
	Signature, typed or printed name of registered ag			Agent	signature required	ADDITIONS/CHANGES TO OFFICER		TORS IN 12
12.		ND DIRECTORS ☐ DELETE	13.	n F		ADDITIONAL TOTAL CONTROL OF THE CONT	☐ Chan	
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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: