

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H42948** (0)

1. Corporation Name

TECTON MANAGEMENT SERVICES, INC.

Principal Place of Business

**TWO SO. UNIVERSITY DR
SUITE 325
PLANTATION FL 33324
US**

Mailing Address

**TWO SO. UNIVERSITY DR.
SUITE 325
PLANTATION FL 33324
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

**FIRESTONE, GEORGE
TWO SO. UNIVERSITY DR
SUITE 325
PLANTATION FL 33324**

3. Date Incorporated or Qualified

02/18/1985

3a. Date of Last Report

05/01/1995

4. FFI Number

59-2642751

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person or firm to whom the corporation is transferring its registered office or registered agent, or both.

Signature of Registered Agent, if new registered agent is being appointed.

Date

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	FIRESTONE, GEORGE	
STREET ADDRESS	10414 BERMUDA DRIVE	
CITY-STATE-ZIP	COOPER CITY FL	
TITLE	V	☐ DELETE
NAME	MILLARD, RICHARD	
STREET ADDRESS	7461 CAMPO FLORIDA	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	STD	☐ DELETE
NAME	FIRESTONE, NOLA A.	
STREET ADDRESS	10414 BERMUDA DRIVE	
CITY-STATE-ZIP	COOPER CITY FL	
TITLE	W	☒ DELETE
NAME	KAYEOR, GREG	
STREET ADDRESS	7561 SW 2TH COURT	
CITY-STATE-ZIP	DAVE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	P	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied on 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 president 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 a statement with an address.

SIGNATURE:

George Firestone, Chairman

(954) 423-4100 X223

CR2E034 (12/95)