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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**

DOCLIMENT

1. Corporation	MANAGEMENT ASSOCIA							
Principal Place of Business Mailing Address						80 (1148 1011 0 a 1410 1		
970 PELICAN LN PO BOX 560541 ROCKLEDGE FL 32955 ROCKLEDGE FL 32956-541 US			.1		DO NOT WRITE IN TH	IS SPACE		
					 Date Incorporated or Qualified 05/23/1994 			
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3243392	 	olied For Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
City & State 23		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry	This corporation owes the current year Personal Property Tax.		□No	
24	25	29	30		10. Name and Address of New Registere			
	9. Name and Address of Currer	nt Kağısteran Ağant		81 Name	to. Italia and realess of item registate			
PETERS, JOHN J 970 PELICAN LN					ddress (P.O. Box Number is Not Acceptable)			
ROCKLEDGE FL 32955			Ì	83				
				84 City	<u> </u>	85 Zip C	ode	
11. Pursuant office or reagent. I all	リングノグハ	COU!	MODU	XW/	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose ation's board of directors. I hereby accept the appropriate the statement for the purpose at the statement for the purpose at the statement for the statement fo	of changing its incintment as reg	registered pistered	
42		ND DIRECTORS	13.	gont organical or to q	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TILE	CPT	DELETE	1,1 TIT	iF	ADDITIONO/OFFINITIONS TO STEE SEASON	☐ Change	Addition	
NAME	JOHN J. PETERS	 = = = - : -	1.2 NA				1	
	970 PELICAN LANE			REET ADDRESS	•)	
STREET ADDRESS	ROCKLEDGE FL			Y-ST-ZIP			Ì	
CITY-ST-ZIP TITLE	VS	☐ DELETE	2.1 TIT	i		☐ Change	Addition	
NAME	PETERS, BONNIE J		2.2 NA					
STREET ADDRESS	970 PELICAN LN			REET ADDRESS	•			
CITY-ST-ZIP	ROCKLEDGE FL	للواء عليا الحادث		TY-ST-ZIP	المراض والمحتجين والمناف المتناف المرابي الأسال والمراب		-	
TITLE	,	☐ DELETE	3.1 TIT			Change	Addition	
NAME	•		3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. Cf	TY-ST-ZIP				
TITLE		☐ DELETE	4,1 TIT	LE		☐ Change	☐ Addition	
NAME			4. 2 N	ME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 C/I	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT	I	•	☐ Change	☐ Addition)	
NAME			5.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TT 6.2 NA	LE .		Change	Addition	

CITY-ST-ZIP 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 of hystee 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 or a pattechner with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

SIGNATURE:

STREET ADDRESS