PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000060636

1. Corporation Name

CITY-ST-Z/P

SBS MANAGEMENT, INC.

Principal Place		Mailing Address							
7384 SW 9TH CT.			1900 N PINE ISLAND ROAD						
PLANTATION FL			PLANTATION FL 33322 US			DO NOT WRITE IN THIS SPACE			
		00				3. Date Incorporated or Qualifed]
ا بالمناه	Turning Companies					08/08/1994			
2. Principal Pl	lace of Business	2a. Mailing Addr	ress			4FEI-Number	Ap	plied For	
21		26				65-0599290		t Applicable	}
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75	-	
22		27	 				Fee Re	<u> </u>	
City & State		City & State	<u> </u>			6. Election Campaign Financing	\$5.00		
23		28		Carinh		Trust Fund Contribution	Added t	o rees	1
Zip	Country	 	Zip Country		•	8. This corporation owes the current year	ar Intangible ☐ Yes	[]No	ĺ
24	25	29 Current Registered Agent		30		Personal Property Tax. 10. Name and Address of New Registe			1
	5. Maine and Address of	Ontall valistelen Whell		81	Name	to transfer the transfer of the tradition			
JONI	es, Kenneth M				L				Ì
	S. UNIVERSITY DR.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	TE 201			83	 				1
	NTATION FL 33324	•					1,-1		1
				84	City		FL 85 Zip 9	Code	ì
					<u> </u>				
office or re agent. I as SIGNATURE	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Such chan e obligations of, Section 607.	ige was aut .0505, Floric	thorized by da Statutes	the corporat	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a	appointment as re	registered gistered	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the manification familiar with, and accept the Signature, typed or printed name of regions.	e State of Florida. Such chan e obligations of, Section 607.	ige was aut .0505, Floric	thorized by da Statutes Registered Agen	the corporat	red when reinstating) DA	appointment as re		62
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6.4 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 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!

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90103 025 ***150.00