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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57935
1. Corporation Name
SOUTH MANAGEMENT CORP.

(1)

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 147 DELTA DR PITTSBURGH PA 15238 Mailing Address 147 DELTA DR PITTSBURGH PA 15238-2605										
							3. Date Incorporated or Qui 08/17/1992	alified 3a	Date of La 05/01/19	st Report 96
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number 25-1696738		-	Applied For Not Applicable
Suite, Apt.	#, etc.		uite, Apt #, etc.				5. Certificate of Status Desir	red 🔲		75 Additional e Required
City & Stat	6	Ci	ity & State	-			6. Election Campaign Finan	ncing	\$5.	00 May Be
23 Zip	Country	[28] Zi	ip	Cour	ntry		Trust Fund Contribution 8. This corporation has liab	ility for intanc		ded to Fees ler s. 199.032.
24	25	29		30			Florida Statutes	🔀 Yes	□ No	
	9. Name and Address of C	Current Register	ed Agent				10. Name and Address of h	New Register	red Agent	
	DD DELLILATTI			}	B1 Na	amē				
	ITE 215 99 West Colonial Dr			-	82 St	reet Addre	ss (P.O. Box Number is Not Ad	cceptable)	·	
	LANDO FL 32804			<u> </u>	83					
				ļ	B4 Ci	ilv			85	Zip Code
				- 1	1	•			∹L I I	•
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.	1508, Florida Statu	ites, the ab	ove-na	mea corpo	pration submits this statement t	or the purpos	as or changi	· · · · · · · · · · · · · · · · · · ·
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 60 registered agent, or both, in the arm familiar with, and accept the Signature types or printed name of register.						oration submits this statement to be a statement	or the purpos		it as registored
	Signature, typed or printed name of register		pplicable (NO DRS					DA'	16.	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of register OFFICER	ored agont and title if or	pplicable (NO	13.	Agent sig		d when reinstating)	DA'	16.	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature types or printed name of register OFFICER DELLIGATTI, TODD	med agont and title if n	pplicable (NO DRS	13. 1.1 TIII	Agont sig LE ME	Inature required	d when reinstating)	DA'	TE AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of register OFFICER	med agont and title if n	pplicable (NO DRS	13. 1.1 Till 1.2 NAI 1.3 STF	Agont sig Lf ME REET ADDR	na'uro required	d when reinstating)	DA'	TE AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	Signature, typed or privide native of register OFFICER DELLIGATTI, TODD SUITE 215 1999 W COLE	med agont and title if n	pp ^{alicablo} (NO DRS DELETE	13. 1.1 Till 1.2 NAP 1.3 STF	Agont sig LE ME REE1 ADDR Y-SI-ZIP	na'uro required	d when reinstating)	DA'	AND DIREC	TORS IN 12
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14. I do 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 grustee 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 attached with an address.

SIGNATURE

183/10

Davie & Hugar

2-14-57

412/963-6550