511149 4150

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PITTSBURGH PA 15238

147 DELTA DR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

May 19, 1999 8:00 am Secretary of State

05-19-1999 90001 006 ***750.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/17/1992

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57935

1. Corporation Name

Principal Place of Business

SIGNATURE:

PITTSBURGH PA 15238

147 DELTA DR

SOUTH MANAGEMENT CORP.

2. Principal Pla	ace of Business	2a. Mailing	Address				4. FEI Number			1 /	Applied For	
21		26					25-1696738				Not Applicable	
Suite, Apt. #	# etc.		Apt. #, etc.					. –		\$8.75	Additional	
22	r, 010.	27					5. Certifcate of Status Desi	ed 🗆		•	Required	
City & State		City &	State				6. Election Campaign Finar	cing [1	\$5.0	0 мау Ве	
23		28					Trust Fund Contribution		1	Adde	d to Fees	
Zip	Country	Zip		Count	try		8. This corporation owes th	e current y	year Inta	ngible		
24	25	29	30	7			Personal Property Tax.			XYes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
						Name						
TODD DELLILATTI					_ _	WILLIAM C. MCCLURE						
1900 CENTERBURY DR					82	2 Street Address (P.O. Box Number is Not Acceptable) 500 FIFTH AVENUE SOUTH						
INDIATLANTIC FL 32903					B3		300 11111111111111111111111111111111111					
HADINI DATTIO I E OLOGO					-		SUITE 509					
				Ĩ	84	City	NA DE DO		FI	85 Zi	Code	
							NAPLES			1 1	34102	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505. Florida Statutes.												
$\Delta L / U = C \Delta L / U = \Delta $												
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicabl	e (NOTE: Re	gistered A	gent :	signature required	when reinstating)	t	DATE			
12.	OFFICERS AN	D DIRECTORS	3	13.			ADDITIONS/CHANGES T	O OFFICE	ERS AN			
TITLE	DELETE 1.1			1,1 1111	1.1 TITLE					☐ Chang	e 🗌 Addition	
NAME	DELLIGATTI, TODO			1.2 NAM	Æ							
STREET ADDRESS	SUITE 215 1999 W COLONIAL	DB		13 STR	FFTA	DORESS						
	ORLANDO FL	D.1.		1.4 CITY								
CITY-ST-ZIP	ST		DELETE	2.1 TITL						Chang	e 🔲 Addition	
TITLE	•		_ beccie	2.2 NAM								
NAME	HUBERT, DANIEL E.											
STREET ADDRESS	147 DELTA DRIVE					DORESS						
CITY-ST-ZIP	PITTSBURG PA			2.4 CIT		ZIP				☐ Chang	e Addition	
TITLE			☐ DELETE	3.1 TITL	E					☐ Citally	e	
NAME				3.2 NAM	Æ							
STREET ADDRESS			ı	3.3 STR	REET A	ADDRESS						
CITY-ST-ZIP				3.4. CIT	Y-ST	ZIP						
TITLE			☐ DELETE	4.1 TETL	.E					Chang	je 🗌 Addition	
NAME	i			4. 2 NA	ME							
STREET ADDRESS				4.3 STR	REET A	NDORESS						
CITY-ST-ZIP				4.4 CITS	Y-ST-	ZIP						
TITLE			☐ DELETE	5.1 TITL						Chang	ge	
NAME				5.2 NAM	ME						-	
STREET ADDRESS				5.3 STR	REET	ADDRESS					1	
				5.4 CITY	Y-ST-	ZIP						
CITY-ST-ZIP TITLE			DELETE	6.1 TITL						Chang	e Addition	
			_ 500010	6.2 NAM						_ `	ł	
NAME	ı			1		ADORESS						
STREET ADDRESS	•			1							ì	
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	6.4 CIT			notion 110.07(2\(\text{i}\) Florids C+-	tutos (f	ther cor	lify that th	e information	
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												
officer or	director of the corporation of the rece	ever or trustee	empowered to exe	cute un	IS TE	port as requir	ed by Chapter 607, Florida St	atutes; an	d that m	y name a	ppears in	
Block 12	or Block 13 if changed, or on an atta-	chment with an	andress, with all of	tner like	e em	ipowered.	, ,					