

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90239 012 ***150.00

DOCUMENT # J75037

1. Corporation Name

TAMBONE MANAGEMENT CORPORATION

Principal Place of Business

**4200 WACKENHUT DRIVE
SUITE 110
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**4200 WACKENHUT DRIVE
SUITE 110
PALM BEACH GARDENS FL 33410
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1987

4. FEI Number

59-2836713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10 Burlington Mall Rd.

Suite, Apt. #, etc.

22 Suite 245

City & State

23 Burlington MA

Zip

24 01803

Country

25 USA

2a. Mailing Address

26 10 Burlington Mall Rd.

Suite, Apt. #, etc.

27 Suite 245

City & State

28 Burlington MA

Zip

29 01803

Country

30 USA

9. Name and Address of Current Registered Agent

**FLANIGAN, JOHN F
625 N. FLAGLER DR.
9TH FLOOR, BARNETT CENTRE
WEST PALM BEACH FL 33401**

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 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPT
TAMBONE, RICHARD P..**
STREET ADDRESS **4200 WACKENHUT DRIVE, SUITE 110**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME **DVS
TAMBONE, LORI**
STREET ADDRESS **4200 WACKENHUT DRIVE, SUITE 110**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPVST

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**222 Lakeview Ave., 17th Floor
West Palm Beach FL 33401**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

☒ Change ☐ Addition

**10 Burlington Mall Rd., Suite 245
Burlington MA 01803**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99

781-270-0244

CR2E034 (11/98)

0328632