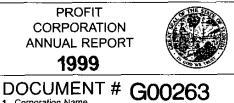
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA CENTRAL MANAGEMENT, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90017 048 \*\*\*550.00



Principal Place of Business Mailing Address					
2430 ESTANCIA BLVD SUITE 114		2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 3462† US			
CLEARWATER FL 34621					DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualifed 09/16/1982
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			59-2223649 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5, Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	/	8. This corporation owes the current year Intangible
24	25	29 3	o		Personal Property Tax.  Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
NOREK, ROBERT			81	Name	
			82	Street Ad	idress (P.O. Box Number is Not Acceptable)
	FLORIDA CENTRAL MANAGEMEN DESTANCIA BLVD., SUITE 114	VI			
	ARWATER FL 34621-9641		83		
	ARMATER 1 C 34021-9041		84	City	FL 85 Zip Code
11 Dursuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the abov	e-named co	progration submits this statement for the purpose of changing its registered
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		···-			uired when reinstaling) DATE
				nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P OFFICERS AND	DELETE	13. 1.1 TITLE		Change Addition
TITLE	! '	DELETE			
NAME	OILSCHLAGER, RODNEY	4	1.2 NAME		
STREET ADDRESS		4		TADDRESS	
CITY-ST-ZIP	CLEARWATER FL  VP		1.4 CITY-1 2.1 TITLE	ST-ZIP	Change Addition
TITLE	1	DELETE	1	}	
NAME	MARKEE, WILLIAM	4	2.2 NAME		•
STREET ADDRESS		4		TADDRESS	
CITY-ST-ZIP	CLEARWATER FL	E) perete	2. 4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE	ST DELE		3.1 TITLE		LI Criange LI Addition
NAME	MARK, WILLIAM	•	3.2 NAME		
STREET ADDRESS		4	3.3 STREE	TADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4. CTY-	ST-ZIP	Channe Addition
TITLE	VP □ DELETE		4.1 TITLE		☐ Change ☐ Addition
NAME	BENKERT, DANIEL J.		4. 2 NAME		
STREET ADDRESS	, , , , , , , , , , , , , , , , ,	14	4.3 STREE	TADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-	ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NOREK, ROBERT		5.2 NAME		
STREET ADDRESS	2430 ESTANCIA BLVD - SUITE	114	5.3 STREE	TADDRESS	
CITY-ST-2IP	CLEARWATER FL		5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1		6.2 NAME	}	
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP			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 the corporation 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 the corporation or the receiver or trustee empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR