2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001271

Entity Name: ALGOMA MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1700 EAST LAS OLAS BLVD, SUITE 104 & 106 FT LAUDERDALE, FL 33301

Current Mailing Address:

1700 EAST LAS OLAS BLVD, SUITE 104 & 106 FT LAUDERDALE, FL 33301 US

FEI Number: 98-1410453

Name and Address of Current Registered Agent:

MANN & WOLF, LLP 100 NE THIRD AVENUE, SUITE 780 FT LAUDERDALE, FL 33301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

	Title	CHAIRMAN/PRES	Title	VICE CHAIRMAN
	Name	LONG, NORMAN	Name	HARVEY, MICHAEL J
	Address	MERLINS MOCK, 7 STARDUST DRIVE	Address	CENTURY HOUSE, 16 PAR-LA-VILLE RD
	City-State-Zip:	HAMILTON PARISH, CR01	City-State-Zip:	HAMILTON HMO8
	Title	DIR	Title	DIR
	Name	WINKLEY, PETER	Name	HOPKIN, ADAM H
	Address	600-63 CHURCH ST	Address	CENTURE HOUSE, 16 PAR-LA-VILLE RD
	City-State-Zip:	ST. CATHANINES ON L2R 3 C4	City-State-Zip:	HAMILTON HM08
	Title	VICE PRES	Title	SEC
	Name	COTTINGHAM, DUDLEY	Name	CONTINENTAL MANAGEMENT
	Address	CENTURE HOUSE, 16 PAR-LA-VILLE	Name	LIMITED
	City-State-Zip:	RD HAMILTON HM08	Address	CENTURY HOUSE, 16 PAR-LA-VILLE RD
			City-State-Zip:	HAMILTON HM08
	Title	VICE PRES		
	Name	HANSON, CARL JOHAN FREDRIK		
	Address	1700 EAST LAS OLAS BLVD., SUITE 106		
	City-State-Zip:	FT LAUDERDALE FL 33301		

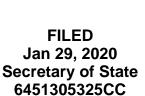
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN MCEWEN

ACCOUNTANT

01/29/2020 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date