**FILED** 

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90007 047 \*\*\*150.00

## 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

1. Corporation	MENT # 465675 NAME NAGEMENT, INC.	5									
Principal Place	of Business	Mailing Add	ress		-	$\neg$	* 199111 4	1818 6118: 61110 61111			
		12651 SEMIN									
13225 101 ST ST LARGO FL 33773		LOT 5-L	OLL DEVO.								
US		LARGO FL 3	3778						RITE IN THIS	SPACE	
00		US				3.	Date Incorp	orated or Qualife	ed		1
							12/02/19	74			[
- 6: :	(D)	2. Mailing	Addrass		-	- A	FEI Number			App	lied For
	ace of Business	2a. Mailing Address				-	59-15630			.	Applicable
21		26					39 13030	<del>50</del>		\$8.75 A	
Suite, Apt. #	⊭, etc.	<u> </u>	pt. #, etc.			5.	Certifcate of	f Status Desired		Fee Rec	
22	<u> </u>	27				<u> </u>					
City & State	)	City & S	itate			6.	Election Car	mpaign Financin	<sup>lg</sup> □	^ \$5.00 N	
23		28					Trust Fund	Contribution		Added to	Fees
Zip	Country	Zip		Count	гу	8.	This corpora	ation owes the c	urrent year in	tangible	,
24	25 29 30				Personal			Property Tax. ☐ Yes X No			
	9 Name and Address of Curr			<u>'                                    </u>		10.	Name and	Address of Nev	w Registered	Agent	
	5. Name and Address of Guil	one rogiotorou rig		8	1 Name						
REI C	HER, DOUGLAS H										<u> </u>
					2 Street Ac	ddress (F	O. Box Nun	nber is Not Acce	ptable)		`
12561 SEMINOLE BLVD.										***	
LOT 5-L											
LARGO FL.34648 33778										os Zin C	ode - O
	5-110			8	4 City				· Fl	_  °°  첫국	シブクター
office or re agent. I ar	to the provisions of Sections 607.0 sgistered agent, or both, in the Starn familiar with, and accept the obli-	gations of, Section	cnange was autho 607.0505, Florida	Statute	ov trie corpora	uired when	reinstating)	Ors. Thereby do	DATE		
12.	OFFICERS A	AND DIRECTORS		13.			ADDITIONS/	CHANGES TO	OFFICERS A		
TITLE	PD		DELETE	1.1 TITLE	≣					Change	Addition
NAME	GOTTLIEB, HOWARD			1.2 NAM	E			•			1
	12651 SEMINOLE BLVD., LO	T 5.1		+ 2 CTD	EET ADDRESS						į
STREET ADDRESS		1 5-6						•			
CITY-ST-ZIP	LARGO FL		(**)		-ST-ZIP					☐ Change	Addition
TITLE	VSD		DELETE	2.1 TITLI	E					□ Ouguge	
NAME	BELCHER, DOUGLAS H			2.2 NAM	E						
STREET ADDRESS	12651 SEMINOLE BLVD., LO	T 5-L		2.3 STRI	EET ADDRESS	•					٠ ]
į	LARGO FL			2.4 CITS	Y-ST-ZIP						
CITY-ST-ZIP	DATOOTE		DELETE	3.1 TITL	_ <del>-</del>					☐ Change	Addition
TITLE			Outerin								Ì
NAME				3.2 NAM	- 1						
STREET ADDRESS				3.3 STRI	EET ADDRESS						ļ
CITY-ST-ZIP				3.4, CITY	Y-ST-ZIP				<u> </u>		
TITLE			☐ DELETE	4.1 TITL	E					Change	Addition
NAME				4. 2 NAA	ne l						Ì
					EET ADDRESS						
STREET ADDRESS											,
CITY-ST-ZIP					-ST-ZIP			•		Change	Addition
TITLE			☐ DELETE	5.1 TITL	I .						
NAME				5.2 NAM	KE			•	`		
STREET ADDRESS				5.3 STR	EET ADDRESS						
J											1

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 on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DIGNATURE NEQUIFIED

DELETE

☐ Change

Addition