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

DOCUMENT	#	470	571
4. Companyi na Nama		TIV	OI 1

Corporation Name

MANAGEMENT STRATEGIES, INC.

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90160 024 ***150.00



•					
Principal Place	of Rusiness	Mailing Address			
•		•			
8203 NW 8TH P P.O. BOX 15571	-	8203 NW 8TH PLACE P.O. BOX 15571			
PLANTATION FL		PLANTATION FL 33318	•	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				02/26/1975	
2. Principal Pl	lace of Business 096 01	2a. Mailing Address	11591	4, FEI Number Applied For	
21 8 V P	3 NW 8 - FL	26 FO. 60X	144/1	59-1592931 Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additiona Fee Required	'
22		City 9 Chata			
City & State	2. Watinal El	City & State	and FL	6. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution Added to Fees	
23 / /	Country	28 / LAN /A1	Country	8. This corporation owes the current year Intangible	
<u> </u>	24 25 UCA	29 "333 18 30	¬ // ('//	Personal Property Tax.	
24 / / / /	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent	
· 			81 Name	and know	
KATZ	Z, ALLEN		82 Street-Addr	100 Par Number in Oct Account (a)	-
8203	NW 8TH PLACE		82 Street Addr	ress (P.O. Box Number is flot Acceptable)	
Plan	NTATION FL 33324		83		
-			21 27	7	
			84 City	ANTATION FL 85 28 COMB	4
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose of changing its registere	9
office or re	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was auth	norized by the comporation	on's board of directors. I hereby accept the appointment as registered	
_	m laminar with, and accept the obligati	0113 01, 0000011 001.0000, 110110.	a Glaibles.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE `	PT ·	☐ DELETÉ	1.1 TITLE	Change Add	dition
NAME	KATZ,ALLEN		1.2 NAME		
STREET ADDRESS	8203 NW 8TH PLACE		1.3 STREET ADDRESS		
CITY-\$T-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	D	□ DELETE	2.1 TITLE	₹~1 0b	
NAME	1 / 1 de-mar 4 6 1 8 1 de-market		2	Change Add	dition }
CTDEET 4000000	KATZ,ANNETTE		2.2 NAME	[_] Change ☐ Add	dition }
STREET ADDRESS	8203 NW 8TH PLACE			[_] Change	aition }
CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
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CITY-ST-ZIP	8203 NW 8TH PLACE PLANTATION FL		2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-6T-ZIP 3.1 TITLE 3.2 NAME	□ Channa □ Aria	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	8203 NW 8TH PLACE PLANTATION FL		2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	□ Channa □ Aria	
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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 effectment with an address, with all other like empowered.

SIGNATURE: