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

PROFIT CORPORATION ANNUAL REPORT

1998

MIAMI FL 33128

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 472925

(7)

MIAMI FL 33128

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

GUARANTY MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
390 NW 2ND STREET	390 NW 2ND STREET

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

305-373-3057

3. Date Incorporated or Qualified

04/03/1975 4. FEI Number

59-1632102

5. Certificate of Status Desired

6. Election Campaign Financing

23			28					Trust Func	Contribution		Add	60 10	rees
Zip		Country	Zip		Count	ry		8. This corpo	oration owes or I	nas paid the cu	rrent year	<u>Intan</u>	gible
24	25		29		30				Property Tax due		Yes	<u> </u>	No
	9. Name an	d Address of Currer	t Registered Ag	gent		_		10. Name and	d Address of N	w Registered	Agent		
THE	E PRENTICE-H	IALL CORPORATIO	N SYSTEM. IN	C.	8	1	Name						İ
	1 HAYS STRE			-	8	<u>.</u>	Street Addres	ss /P O Boy Nu	mber is Not Acc	centable)			
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	LAHASSEE FI	32301			8	3			<u> </u>				
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					•	"	City			FL	85 2	čip Co	oe j
office or re	registered agent	s of Sections 607.050 t, or both, in the State and accept the oblig	of Florida, Such	change was a	uthorized I	by t							
SIGNATURE	Signature typed or n	writed name of registered ago	of and title if anolicable	e (NOTE	Recustered A	laent	signatura required	(when reinstation)		DATE			
12.	digrama, typod or p	OFFICERS AN		11010	13.		a grande i oqui bu		CHANGES TO		D DIRECT	ORS	IN 12
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NAME	FINE, MART	TIN			1,2 NAME	E							}
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CITY-ST-ZIP	MIAMI FL												
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NAME	KISLAK,JON	NATHAN P.			2.2 NAMI	E							
STREET ADDRESS		LAKES DR, W.			2.3 STRE	ET A	DDRESS						ł
CITY-ST-ZIP	MIAMI FL				2.4 CITY	- ST -	- ZIP						
TITLE	S			DELETE	3.1 TITLE						Chang	ge	Addition
NAME	COLAN, BRI	JCE JAY			3.2 NAME	Ε							
STREET ADDRESS		RICKELL AVE.			3.3 STREE	ET AI	DDAESS						
CITY-S1-ZIP	MIAMI FL				3.4. CITY	-51	-ZIP]
TITLE				DELETE	4.1 TITLE						Chang	je T	Addition
NAME					4. 2 NAM	Æ							
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STREET ADDRESS					5.3 STREE	ET AI	DDRESS						
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NAME					6.2 NAME	E	ļ						ļ
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CITY-ST-ZIP					6.4 CITY-								
indicated officer or o	on this annual r director of the c	nformation supplied we report or supplemental corporation or the rece panged, or on an attai	il annual report it piver or trustee er	s true and accumpowered to e	rate and t	hat	my signature	shall have the	same legal effec	as if made ur	ider oath:	that I	am an