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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 675849

(4)

FILED

97 OCT -2 ANTI: 08

SECHEMANY OF STATE
TALLAHASSLE, FLORIDA

VORDERMEIER MANAGEMENT CO.				MLLAFIASSILE, FLORIDA	
YOUL	HAMPET HAMADERIEN OC	•			
Principal Place of Business Mailing Address 2132 E OAKLAND PK BLVD P. O. BOX 24627 FT. LAUDERDALE FL 33307-1627 Mailing Address 2132 E OAKLAND PK BLVD P. O. BOX 24627 FT. LAUDERDALE FL 33307-4627					
				 Date Incorporated or Qualified 06/17/1980 	3a. Date of Last Report 06/04/1996
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2007767	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional	
22		27		6. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Currer	29	30	Florida Statutes 10. Name and Address of New R	Yes No
VOD		it wadistelen water	81 Name	10. Name and Address of New H	egistered Agent
2200 E. OAKLAND PARK BLVD 2ND FLOOR FT. LAUDERDALE FL 33306					
			82 Street Add	fress (P.O. Box Number is Not Accepta	ble)
			83	400002:	9701149003
i				*****75*******************************	
,			84 City	<u> </u>	50.80 ***** 2750.00
11. Persuant to office or reagont. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	12 and 607.1508, Florida Statut of Florida Such change was a ations of, Soction 607.0505, Flo	es, the above-named corpora authorized by the corpora orida Statutes.	poration submits this statement for the ation's board of directors. I hereby acception	purpose of changing its registered ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	my and tille 4 apolicable (NOTI	L: Flegistored Agent signature requi	nited whon reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	1
TITLE	PD	☐ DELETE	11 TITLE		Change Addition
NAME	VÖRDERMEIER, ALAN E.,		1.2 NAME		
STREET ADDRESS	1624 CORAL RIDGE DR		1.3 STREFT ADDRESS		1
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CHTY - ST - ZIP		_
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	VORDERMEIER, SANDRA D.		2.2 NAME		
STREET ADDRESS	1624 CORAL RIDGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		[
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		E DELEXE	3.4. CITY - ST- ZIP		Chart Dadw
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY+S1+7iP		Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME		C obsurbe C vocation
			1		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		- Decer	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		0-3-97
CITY-ST-ZIP		•	6.4 CHY-ST-ZIP	Gr K	9-5-"
OILL OL TH			O TORT OF ER	-10 1	

4. I do hereby certify that the information supplied with this filling 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 opert or supplemental application is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the contraction or the property of the contraction of the contraction of the property of the contraction of the contraction of the contraction of the property of the contraction of the contra

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CR2E034 (9/96)