

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

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Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **680851** (3)  
1. Corporation Name  
**S.I. MANAGEMENT SERVICES, INC.**

Principal Place of Business  
**13290 NW 45 AVENUE  
OPA LOCKA FL 33054**

Mailing Address  
**13290 NW 45 AVENUE  
OPA LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/31/1980</b>	
4. FEI Number <b>59-2021929</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STRIAR, MICHAEL P <del>4001 SHERIDAN STREET</del> 3864 SHERIDAN ST N MIAMI BCH, FL HOLLYWOOD 33021		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	CHAIRMAN/DIRECTOR
NAME	KARRON, RICHARD	12 NAME	
STREET ADDRESS	9855 E BAY HARBOR DR	13 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL. FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	
NAME	WOHLMAN, RITA	22 NAME	
STREET ADDRESS	20191 E COUNTRY CL DR	23 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	PRESIDENT
NAME		32 NAME	DAVIS BARLOW
STREET ADDRESS		33 STREET ADDRESS	13290 NW 45 AVE
CITY-ST-ZIP		34 CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: *Rita Wohlman*

3/16/98

CR2E034 (10/97)