FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

768168

(7)

 Corporation 	n Name				` '								
333 MANAGEMENT CORPORATION													
		•								I OBBUJU JEBNI ČIJA I JAJAK JIDIJE BIJI			
Principal Place	e of Busines	·s		Ma	iling Address			····					
·					_							1	
333 S.W. 25TH ST.												1	
										3. Date Incorporated or Qualified	. 13.	Data of Last 5	Panart
										04/25/1983	3a. Date of Last Report 04/19/1996		
2. Principal Place of Business 2a. Mailing Address										4. FEI Number		A	pplied For
21				26					59-2293701 Not Applicable				
Suite, Apt.	#, etc			Suite, Apt. #, etc.				i	5. Certificate of Status Desired			Additional	
City & State	3			City & State								equired	
23	_			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country							intry				rporation has liability for intangible tax under s. 199.032,		
24	25			29 30		30	<u> </u>			Florida Statutes	☐ Yes	□ No	
9, Name and Address of Current Registered Agent										10. Name and Address of New I	legistere	d Agent	
							81	Name					ļ
KLINE, WILLIAM E.							82	Street /	Address (P.O. Box Number is Not Acceptable)				
2421 SW 28TH AVE. FT LAUDERDALE FL 33312							83	· · · · · · · · · · · · · · · · · · ·					
FI LAUL	ENDALE F	L 000 12											
	`						84	City			F		Code
11. Pursuant t	to the provis	sions of Se	ctions 617.0502	and 61	7.1508, Florida Statu	tes, the a	boye	-named	corpo	ration submits this statement for the n's board of directors. I hereby acc	purpose	of changing i	ts registered
agent. I a	m familiar w	ith, and ac	cept the obliga	itions of,	Section 617.0503, F	lorida Sta	tutes	3.	orallo	ris board of directors. Thereby acc	obitio of	ppointinent as	Tegistered
SIGNATURE _	Sign to the beaut	i er enetad na	me of registered age:	at and title	facolicable (NO	TE: Booistore	d Age	ent elegature	togultog	d when reinstating)	DATE		
12.	cognitione, typec		OFFICERS AND			13.	<u> </u>	A A GIGHARDIO	10quilec	ADDITIONS/CHANGES TO OF			RS IN 12
TITLE	TD				DELETE 1.1 T							Change	Addition
NAME		l, robe				1.2 N	AME						
STREET ADDRESS					1.3 \$			3 STREET ADDRESS					
CITY-ST-ZIP		TION FL					ITY-S	T-ZIP					
TALE	PD		>r n		DELETE	2.1 T			O.	D. Michael D. C 108 NW 3-1 (Velton Manus	Fac I	Change Change	Addition
NAME		A, GEOR		2.2 N			2.	108 NW 3 1					
STREET ADDRESS		OFFICAL E	, FL 00000					ADDRESS	2	1-11 the		742	//
CITY-ST-ZIP TITLE	DV	DENDALL	, I L 00000		DELETE	2.40 3.1 T		ST-ZIP	,	recion 17 anote	101	Change	Addition
NAME		WILLIAM	F.		La Delett	3.1 N				•		im ounde	
STREET ADDRESS		N 28 AVE						ADDRESS					
CITY-ST-ZIP		DERDAL						ST-ZIP		•			
TITLE					☐ DELETE	4.1 T						Change	☐ Addition
NAME					***	4.21	IAME						
STREET ADDRESS						4.3 \$	TREET	ADDRESS					
CITY - ST - ZIP						4.40	ITY-S	T-ZIP					
TITLE			-		DELETE	5.1 T	ITLE			-		Change	Addition
NAME						5.2 N	AME						
STREET ADDRESS						53\$	TREET	ADDRESS					
CITY-ST-ZIP			·					T-ZIP					
TITLE					DELETE	6.1 T						Change	Addition
NAME						6.2 N							
STREET ADDRESS						6.3 S	TREET	ADDRESS					

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Mar 11 1997 8:00am

Secretary of State