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 # 844600

(7)

1515 MANAGEMENT COMPANY, INC.

FILED
Jan 30 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address					<u> </u>					
							1641 E4611 #(211 E	64811 a.m	21811 (28)	
17556 LAKE E	17556 LAKE ESTATES DRI	res drive								
BOCA RATON	FL 33496	1600 HUB TOWER								
US		BOCA RATON FL 33496-14 US	412			3. Date Incorporated or Qualifie	d 3a D	ate of Last	Donort	
		00				11/14/1979	1	18/1996	,	
Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
E FOIGIPACT	lace of trustiness	<u>⊢</u> 1				The second secon			ot Applicat	
Suite, Apt.	7 (2) (2) (4)	Suite, Apt #, etc.				42 033 1430				
27			oto.			5. Certificate of Status Desired		S8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing		\$5.00 May Be		
n	•	28				Trust Fund Contribution	' m		u may be ito Fees	
Zip	Country	Zφ	Count	trv		8. This corporation has liability f	*****			
]	25		30	.,		Florida Statutes	Yes		a. 133,UJ£,	
L	9. Name and Address of Current		100			10. Name and Address of New				
DOC	GMAN, HOWARD E		- 6	B1	Name			- T		
				_						
GREENBERG, TRAURIG, ET AL 777 S FLAGLER DRIVE, SUITE 310 EAST WEST PALM BEACH FL 33401			8	82 Street Address (P.O. Box Number is Not Acceptable)						
			į	33						
ME	SI PALM DEACH PL 33401		L							
			8	34	City		FL	85 Zip	Code	
	to the provisions of Sections 607.0502								ita va siatar.	
2.	Signature, typed or prededinance of registered ager OFFICERS AND		13.	Ager	u signatore redu	red when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	
TLF	PTD	DELETE	1.1 7171	F	<u> </u>	ADDITIONS/CHANGES TO CI	TIOLING AINL	Change		
ANE	BRODY, ELLIOT J.		1.2 NAM		ľ			_	,	
TREET ADDRESS	17556 LAKE ESTATES DR.		1		ADDRESS					
ity-St-ZiP	BOCA RATON FL		1.4 CITY							
lite	V	DELETE	2.1 TITL					Change	Addit	
IAME	BRODY, BRADLEY M		2.2 NAM							
TREET ADDRESS	3420 SCENIC VALLEY DRIVE				ADDRESS					
ITY-SI-ZiP	WEST DES MOINES IA		2 4 CIT	Y-5	T-ZIP					
TLE	V	DELETE	31 TITL				***************************************	Change	Addit	
IAME	BRODY, JEFFREY		3.2 NAN	ИE						
STREET ADDRESS	20258 MONTEVERDE CIRCLE		3.3 STR	EET .	ADORESS					
CITY - ST - ZIP	BOCA RATON FL		3.4. CIT	Y - 5	T-ZIP					
ITLE	S	☐ DELETE	4.1 TITE	.8				Change	Addit	
NAME	BRODY, HELENE A		4. 2 NAI	ME)					
STREET ADORESS			4.3 STR	EET.	ADDRESS					
CITY - ST - ZIP	BOCA RATON FL		4.4 CITY	Y-S1	- ZIP					
IT'LE		DELETE	5 1 TITL	E				Change	Addit	
NAME			5.2 NAN	ME					· .15	
STREET ADDRESS			5.3 STR	EET.	ADDRESS			~1?	- 115	
CITY - S1 - ZIP			5.4 CITY	Y-S1	- ZiP				11,	
TITLE		☐ DELETE	6.1 Titl	LE		8000020 -01/31/9701	744	B nange	Addit 🔲 Addit	
NAME			6.2 NAN	ME		-01/31/97 0 1	0070	22		
STREET ADDRESS			63STR	REET	ADDRESS	***165.00				
CITY OF 710			64 CID	יס ע	r 210	· · · · · · · · · · · · · · · · · · ·				

14. If 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 configuration 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 in the supplemental with an address.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mesodent

1/14/97

561-483-641