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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844600

1. Corporation Name

1515 MANAGEMENT COMPANY, INC.

Principal Place	e of Business	M	lailing Address							
17556 LAKE ESTATES DR. BOCA RATON FL 33496 US		160	17556 LAKE ESTATES DRIVE 1600 HUB TOWER BOCA RATON FL 33496 US				DO NOT	WRITE IN THI	S SPACE	
							3. Date Incorporated or Qualifed			
							11/14/1979			
2. Principal Pl	lace of Business	2a.	. Mailing Address				4, FEI Number ·		 	Applied For
21		26	17556 L	AKE E	STATE	SDR.	42-0991438			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desi	ed 🗆	•	Additional
22		27					U , ••••••			Required
City & State	e	_ _	City & State	==, == 6	;		_6,_Election.Campaign Finar	icing		0_May_Be
23		28	BOCA KAT		<u>ل</u>		Trust Fund Contribution			d to Fees
Zip	Country		Zip 22.IQIa		untry USA		8. This corporation owes th	e current year II	ntangible ☐ Yes	MNo
24	25	29	22416	30	MJ4		Personal Property Tax. 10. Name and Address of	New Registere		
	9. Name and Address of Currer	it Kegis	stered Agent		81 N	lame	IU. Name and Audices of	TOW PROGRESSION	7.94	
BREC	GMAN, HOWARD E									
	ENBERG, TRAURIG, ET AL					82 Street Address (P.O. Box Number is Not Acceptable)				
	S FLAGLER DRIVE, SUITE 310 E	AST			83					
	T PALM BEACH FL 33401									
					84 C	City		F	85 Zi	p Code
44 Durauant	to the provisions of Sections 607.050	2 and 6	807 1508 Florida Sta	atutes the	above-na	amed corpo	pration submits this statement for	or the purpose of	of changing	its registered
office or re	egistered agent, or both, in the State	of Flori	ida. Such change wa	as autnonze	ea by the	corporation	n's board of directors. I hereby	accept the app	ointment as	registered
agent. I ar	m familiar with, and accept the obliga	itions of	t, Section 607.0505,	Florida Sta	atutes.					
SIGNATURE	Storature, hand or printed name of redistered age	nt and title	if applicable. (N		ed Agent sign	nature required	when reinstating)	DATE		
	Signature, typed or printed name of registered age OFFICERS AN					nature required	when reinstating) ADDITIONS/CHANGES T		ND DIREC	TORS IN 12
SIGNATURE 12. TITLE				NOTE: Registere		nature required			ND DIREC	
12.	OFFICERS AN		ECTORS	NOTE: Registere	3.	nature required				
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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 suppliers all 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 director of the director of the director of the director of the corporation or the director of the director of the director of t

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90163 045 ***150.00