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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000001805

MANAGEMENT & FINANCIAL SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90098 024 ***150.00



2008 ARBOR FOREST ST. LAS VEGAS NV 89134 2008 ARBOR FOREST ST. LAS VEGAS NV 89134					DO NOT WRI	TE IN THIS S	SPACE	1
					3. Date Incorporated or Qualifed 04/13/1995			
Principal Place of Business 2a. Mailing, Address,					4. FEI Number			Applied For
8440 W. Lake Mead Blvd. 26 8440 West Lak				Mead B	tva 52-1664056			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite 200					5. Certifcate of Status Desired			Additional Required
City & State City & State City & State 28 Las Vegas, N			11	,	6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip 2128 Country Zip 9128 30 Country 29 89128 30 Country 20 89128 30 Country 20 8000 30 Country 20 8000 30 Country 20 8000 30			Country	4	This corporation owes the curr Personal Property Tax.		☐ Yes	⊠No
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New I	Registered A	gent	
			81	Name				
BIEBER, FRED 2 DOLPHIN DRIVE				Street Add	ddress (P.O. Box Number is Not Acceptable)			
VERC	D BEACH FL 32960		83					
			84	City			85 Zij	p Code
						<u> </u>	ــلِـــ	
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	Florida, Such change was author	onzed ov	tne corporat	poration submits this statement for the tion's board of directors. I hereby accep	purpose of o of the appoint	tment as	registered registered
	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes			~		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Re	gistered Ager	it signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS ANI		
TITLE	Р	☐ DELETE	1.1 TITLE				Chang	
NAME	ANTHONY, M.N.		1.2 NAME	N	lg. Anthony M. 440 West Lake Mead		-101	1
STREET ADDRESS	2008 ARBOR FOREST STREET	· ·	1.3 STREET	ADDRESS Q	440 West Lake-Mead	Blud, Si	uite a	2 -9 0
CITY-ST-ZIP	LAS VEGAS NV 89134	·	1.4 CITY-S	T-ZIP	as Vegas, NV 89128			1
TITLE	V	DELETE	2.1 TITLE				Chang	e Addition
NAME	BIEBER, FREDERICK W		2.2 NAME					
	2 DOLPHIN DRIVE		2.3 STREET	T ADDRESS	•			
STREET ADDRESS	VERO BEACH FL 32960	ان موست التاليد الموست	2.4 CITY-8		~ ~ .		•	~ '
CITY-ST-ZIP	VENO BEACTI PE 32900	☐ DELETE	3.1 TITLE	11-ZIF			Chang	e Addition
TITLE			3.1 IIILE					
NAME ·								1
STREET ADDRESS		:*•	3.3 STREET					}
CITY-ST-ZIP		□ DELETE	3.4. CITY-S	T- ZIP			☐ Chang	e [] Addition
TITLE		☐ DELETE	4.1 TITLE					,- L., radiboli
NAME			4. 2 NAME					. {
STREET ADDRESS			4.3 STREET	ADDRESS				}
CITY-ST-ZIP	•		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Chang	ge 🗌 Addition
NAME			5.2 NAME					Í
STREET ADDRESS			5.3 STREE	r Address				
CITY-ST-ZIP	·		5.4 CITY-S	T-ZiP				
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	ge 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
			0.4.0170 (.0)					

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 empewered 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, with an other like empowered.

SIGNATURE: