FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
FILING RECEIPT (850) 245-6051

DOCUMENT # **F95000004485 (7)**

1. Corporation Name

FORT LAUDERDALE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
128 LITCHFIELD RD. NEW MILFORD CT 06776	PO BOX 3039 NEW MILFORD CT 06776

3. Date Incorporated or Qualified: **09/15/1995**

3a. Date of Last Report:

4. FEI Number: **06-1354744** ☐ Applied For ☐ Not Applicable

5. Certified Copy Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Is this corporation filing for tax exempt status under s. 199.032, Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of the corporation as changed are as set forth below. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position as provided for in Florida Statutes.

SIGNATURE Date

12. OFFICER/DIRECTOR(S)

Title	DP ☐ Delete
Name	ROSEN, EUGENE H
Street Address	128 LITCHFIELD RD.
City-St-Zip	NEW MILFORD CT 06776
Title	DST ☐ Delete
Name	WEINSTEIN, BRUCE
Street Address	128 LITCHFIELD RD.
City-St-Zip	NEW MILFORD CT 06776
Title	DV ☐ Delete
Name	MCGEE, MICHAEL S
Street Address	128 LITCHFIELD RD.
City-St-Zip	NEW MILFORD CT 06776
Title	☐ Delete
Name	
Street Address	
City-St-Zip	
Title	☐ Delete
Name	
Street Address	
City-St-Zip	
Title	☐ Delete
Name	
Street Address	
City-St-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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3.30

14. Under penalties of perjury, I certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added to the report.

SIGNATURE: 3/27/96 (860)350-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)