

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90006 001 ***188.75

DOCUMENT # F98000004790

1. Corporation Name

MENAKER MANAGEMENT, INC.

Principal Place of Business
P.O. BOX 22189
LAKE BUENA VISTA FL 32830

Mailing Address
P.O. BOX 22189
LAKE BUENA VISTA FL 32830



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number

86-0856401

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

21 **2815 DIRECTORS ROW**

Suite, Apt. #, etc.

22 **STE 500**

City & State

23 **ORLANDO FL**

Zip

24 **32809**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

SAME

9. Name and Address of Current Registered Agent

LOONEY, STEPHEN R
200 SO. ORANGE AVE., SUITE 3000
ORLANDO FL 32801

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 sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPD** ☐ DELETE
NAME **MENAKER, MITCHELL G**
STREET ADDRESS **5062 ISLEWORTH COUNTRY CLUB DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2815 DIRECTORS ROW STE 500**
1.4 CITY-ST-ZIP **ORLANDO FL 32809**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Date

707 859-8489

Overtime Phone #

CR2E034 (5/99)

U01/834



F98000004790
609034-90006-1

August 16, 1999

Corporate Office

2815 Directors Row

Suite 500

Orlando, FL 32809

tel 407.859.8489

fax 407.859.9015

Florida Department of State
Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Menaker Management Inc. Doc. # M98000004790 FEI # 86-0856401

We have just received your "2nd and Final Notice for filing our Profit Corporation Annual Report 1999" This document is the very first notice received regarding the filing requirement.

Please find the enclosed check for \$188.75 as full payment for the Annual Report (also enclosed).

Thank you in advance for your patience and understanding. We will be more aware of this issue next year and there will not therefore be a repeat of this problem.

★ ★ ★ ★

Orlando

Ft. Lauderdale

Miami

Minneapolis

Yours truly

Margaret Brian
Office Manager

