## 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 # G10862**

1. Corporation Name

CARAVAN MANAGEMENT CORPORATION

Principal Place of Business SR.1 BOX 546 Walk And

Mailing Address 149 Boardwalk Ave 5R.1 BOX 540

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90073 023 \*\*\*150.00



PORT ST. JOE FL 32456		PORT ST. JOE FL 32456		DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifed 11/18/1982					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Appli	ed For	
21 149 B	oandwalk Al	26 149 Boardad	K. Au	<b>e</b> .	58-1610458			Not A	pplicable	
Suite, Apt.		Suite, Apt. #, etc.		1	5. Certifcate of Status Desired			<b>75</b> Adı e Requ	ditional ired	
City & State					Election Campaign Financing Trust Fund Contribution			00 M ded to		
Zip 24	Country	Zip	Count	у	This corporation owes the curre Personal Property Tax.	•	ngible	Į.	No N	
=	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered A	Agent			
		<del></del>	8	Name						
SCHONBERG, IRA D. SR1-BOX-540. 149 Boardwalk Are. PORT ST. JOE FL 32456					82 Street Address (P.O. Box Number is Not Acceptable)					
			8	\$ City		FI	85	Zip Co	de	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	nonzea b	v tne compora	rporation submits this statement for the tion's board of directors. I hereby accep	numose of o	changin itment a	g its re as regis	gistered stered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ag	ent signature requ	ired when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	PST	□ DELETE	1.5 TITLE	-			☐ Cha	inge	Addition	
NAME	SCHONBERG,IRA D. 12N									
STREET ADDRESS	SR.1 BOX 540 149 Board	valk Ave.	1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	PORT ST. JOE FL	_	1.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	2.1 TITLE		<del>-</del>		☐ Cha	inge	☐ Addition	
NAME			2.2 NAME	: [						
STREET ADDRESS			2.3 STRE	ET ADDRESS						
CITY-ST-ZIP			2.4 CITY	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE	·			Cha	nge	☐ Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STRE	ET ADDRESS						
CITY-ST-ZIP			3.4, CITY	·ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	inge	☐ Addition	
NAME			4. 2 NAM	₌						
STREET ADDRESS			4.3 STRE	ET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE	-	☐ DELETE	5.1 TITLE				☐ Cha	ınge	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE	ET ADDRESS					i	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Cha	nge	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STRE	ET ADDRESS						
CITY OF THE			6.4 CITY	1						

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 attacyment with an address, with all other like empowered.

**SIGNATURE:** 

<u>ke</u> required