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Secretary of State
03-22-1999 90144 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris 150.
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G21718

1. Corporation Name
CAGAN MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
184 EGLIN PKWY NE #7 FT. WALTON FL 32548 US	184 EGLIN PKWY NE SUITE 7 FT. WALTON FL 32548 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/04/1983

2. Principal Place of Business	2a. Mailing Address
21 734 AVENIDA CUARTA	26 734 AVENIDA CUARTA
Suite, Apt. #, etc. 22 #201	Suite, Apt. #, etc. 27 #201
City & State 23 Clermont, FL	City & State 28 Clermont, FL
Zip 24 34711 Country 25 LAKE	Zip 29 34711 Country 30 LAKE

4. FEI Number: 59-2261597 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CAGAN, ISADORE
184 EGLIN PKWY NE
SUITE 7
FT. WALTON FL 32548

10. Name and Address of New Registered Agent

81 Name: CAGAN, ISADORE
82 Street Address (P.O. Box Number is Not Acceptable): 1024 VIZCAYA LAKE Rd.
83
84 City: OCOEE FL 85 Zip Code: 34761

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 Isadore Cagan DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRES	☑ Change ☐ Addition
NAME	CAGAN, ISADORE		1.2 NAME	CAGAN, ISADORE	
STREET ADDRESS	184 EGLINPKWY NE STE 7		1.3 STREET ADDRESS	1024 VIZCAYA LAKES RD	
CITY-ST-ZIP	FT. WALTON FL		1.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE	ST	☐ DELETE	2.1 TITLE	Sec/Treas	☑ Change ☐ Addition
NAME	SEYER, LINDA D.		2.2 NAME	SEYER, LINDA D.	
STREET ADDRESS	766 SAILFISH DR.		2.3 STREET ADDRESS	16610 Majestic Ct.	
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP	Clermont, FL 34711	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Isadore Cagan 3/17/99 352-240-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)