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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H03117

1. Corporation Name

ORANGE MANAGEMENT CORPORATION

Principal Place of Business Mailing Address				• • • • • • • • • • • • • • • • • • • •			D		
		P O BOX 4271							
537 E CAUSEWAY BLVD VERO BEACH FL 32963		VERO BEACH FL 32964							
US		US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Quali	ifed		j
						05/11/1984			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26		•		59-2410478			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desire	d 🗆	\$8.75 A	
221		27 City P. Chada	J						 -
City & State		City & State	¬ ' _		1	Election Campaign Financ Trust Fund Contribution	ıng □ -	\$5.00 Added to	
23 Zin	Country	28 Zip	Country			8. This corporation owes the	current year Int		-
Zip		29 . 30	n '			Personal Property Tax.	current year int	Yes	□No
24	9. Name and Address of Curren		'			10. Name and Address of No	ew Registered	Agent	
	V. Hallo and Fidelico V. Paris.		81	Name					
COR	SORO, GLORIA			-		(D.O. Day Muss base in New Ass			
537 E CAUSEWAY BLVD			82	Street	Address	(P.O. Box Number is Not Acc	ceptable)		
VERG	O BEACH FL 32963		83						

			84	City			FL	85 Zip (code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the above	-named	corpora	tion submits this statement for	the nurnose of	changing its	registered_
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpo	oration's	board of directors. I hereby a	ccept the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	lions of, Section 607.0303, Piona	a Glatutes	•					
SIGNATURE	Stgnature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Agen	t signature re	equired wh	en reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME	CORSORO, GLORIA		1.2 NAME						
STREET ADDRESS	537 E CAUSEWAY BLVD		1.3 STREET	ADDRESS					l.
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-ST	Γ-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	CORSORO, JOSEPH D.		2.2 NAME						
STREET ADDRESS	537 E CAUSEWAY BLVD		2.3 STREET	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL 32963		2. 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	, -, -, -, -		3.2 NAMÉ	-	1	• • •	•		
STREET ADDRESS	'		3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY- S	T-ZIP		<u> </u>			
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4.2 NAME						·
STREET ADDRESS		*	4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T- ZIP	ļ				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	i	1				
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE						
CiTY-ST-ZiP	1		6.4 CITY-S	T-ZIP	1				

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

512348352