PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90044 017 ***150.00

DOCUM	MENT # H19276						
1. Corporation	MANAGEMENT, INC.						
Principal Place	of Business	Mailing Address		 ,	I (Såliålt arat linin ratte sinti tonse åtit a	18() 6)6 () 6 (0) (118t1 818tt 418tt taat
1761 W HILLSB	ORO BLVD	1761 W HILLSBORO BLVD					
401		401 DEEDELE D. DEACH EL 20440			DO NOT WRITE IN T	HIS SPACE	
DEERFIELD BEACH FL 33442 US DEERFIELD BEACH FL 33442 US US					3. Date Incorporated or Qualifed	1110 01 1102	
00		••			09/04/1984		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2456050		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22		27					e Required
→ City & State		City & State		•	6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	28 Zip	Country	,	8. This corporation owes the current year		360 10 1 000
24	25	29 30		,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Current	1-1	T		10. Name and Address of New Registe	red Agent	
	· · · · · · · · · · · · · · · · · · ·		81	Name			
GLASER, ALLAN M. ESQ.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
11900 BISCAYNE BLVD.							
	E 807		83	i			
MAN	Al FL 33181		84	City		85	Zip Code
						FL "	- '
office or co	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligati	if Florida. Such change was autho	rizea nv	rtne como	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	ppomanent a	as registered
GIGHATORE	Signature, typed or printed name of registered agent			nt signature re	quired when reinstating) DATI		CTOPS IN 12
12.	OFFICERS AND		13. 1.1 TITLE	····	ADDITIONS/CHANGES TO OFFICER		
TITLE	PD CARTELLAND WILLIAM	m nere ie	1.1 IIILE 1.2 NAME				
NAME	CASTELLANO, WILLIAM 1761 W HILLSBORO BLVD 401			T ADDRESS			
STREET ADDRESS	DEERFIELD BEACH FL		1.4 CITY-9		Zip- 33442		1
CITY-ST-ZIP TITLE	SD SD			31-21	21000	☐ Cha	inge 🔼 Addition
NAME	CASTELLANO, MAURICE II	—	2.2 NAME	,			,
STREET ADDRESS	1761 W HILLSBORO BLVD #40			TADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		2. 4 CITY-	ST-ZIP	210-3344a		
TITLE		☐ DELETE	3.1 TITLE		المستخصصية والمراز والمراز والمستخصصية	Cha	nge Addition
NAME	401.3		3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADORESS			Ĭ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			- Addition
TITLE		☐ DELETÉ	4.1 TITLE			Cha	ange
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	ST-ZIP		☐ Cha	ange Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME				ET ADDRESS			ļ
STREET ADDRESS			5.4 CITY-!				ŧ
CITY-ST-ZIP /		☐ DELETE	6.1 TITLE			Cha	ange
NAME			6.2 NAME				

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 attainment with 4 address with all other life empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

<u>3/24/99</u>

(954) 427-3173 Daytiple Phone #

2F034 (11/98)