FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name
STEIN MANAGEME

Principal Place of Business
2501 S. OCEAN OR.
HOLLYWOOD FL 33019-9633



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ation Name # H378U5

(9)

STEIN MANAGEMENT COMPANY, INC.

FILED Apr 06 1998 8:00am Secretary of State

Zip Country 7/0 Country 8. This corporation owes or has paid the current year Intangib	icable nat
HOLLYWOOD FL 33019-9833 HOLLYWOOD FL 33019-9833 DO NOT WRITE IN THIS SPACE	icable nat
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Not App	icable nat
3. Date Incorporated or Qualified 01/14/1985 2. Principal Place of Business 28. Mailing Address 4. FEI Number 59-2501050 Not App Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State 28 City & State City & State City & Country Country Country Country S. Date Incorporated or Qualified 01/14/1985 4. FEI Number 59-2501050 Not App Re-Required Fee Required Fee Required Fee Required Trust Fund Contribution Added to Fee	icable nat
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 21 26 59-2501050 Not App Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition 22 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Interest Trust Fund Contribution Added to Fee Zip Country 7/p Country 8. This corporation owes or has paid the current year Intangible	icable nat
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28 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. City & State City & State City & State Zip Country 28 Country Country 29 Country 20 Country 20 Country Country Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required F	icable nat
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City & State City & Cit	ie 3
23 Trust Fund Contribution ☐ Added to Fee Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	<u> </u>
23 Trust Fund Contribution Added to Fee Zip Country 7p Country 8. This corporation owes or has paid the current year Intengible	<u> </u>
	=
[24] 25 29] 30 Personal Property Tax due June 30. ☐ Yes ☐ No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent EDACT IDMIN M. 81 Name	
FROSI, INTIIN M	
Street Address (P.O. Box Number is Not Acceptable)	
SUMME 1 23131 Blvd. #4750 Blvd. #4750	
MIAMI FL 33131 83	
84 City FL 85 Zip Code	
44 Purplant to the province of Sections 607 0502 and 607 1508 Elevide Statutes, the above-named corporation submits this statement for the purpose of changing its reni	tered
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	red
SIGNATURE Inwin M. Frost 3/25/98 Signature byted or profited name of registered agent, and talle if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE AS DELETE 1.1 TITLE Change	ddition
NAME BAER, LINDA 12 NAME	- [-
STREET ADDRESS 2501 S. OCEAN DR. 1.3 STREET ADDRESS	ľ
CITY-ST-ZIP HOLLYWOOD FL 1.4 CITY-ST-ZIP	
TITLE \$\big \text{Change} \text{\textstyle Change} \text{\text{\textstyle Change}} \text{\text{\textstyle Change}} \text{\text{\text{Change}}} \text{\tex	ddition
NAME TOBIN, HERBERT A. 22 NAME	Ī
STREET ADDRESS 1101 HILLCREST DR. 2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 2.4 CITY-ST-ZIP	
	ddition
NAME SAYFIE, ERNEST 32 NAME	ļ
STREET ADDRESS 1117 E HALLANDALE BEACH BLVD 3.3 STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL 34. CITY-ST-ZIP	.ddition
	DOI:10X1
NAME SIMPSON, DAVID B. 4.2 NAME	
STREET ADDRESS 2 UNIVERSITY PLAZA, #109 43 STREET ADDRESS	-
CITY-ST-ZIP HACKENSACK NJ 4.4 CITY-ST-ZIP TITLE PD DELETE 5.1 TITLE Change J.	ddition
A THE STATE OF THE	animan
LIGHT MALOOD FI	}
	ddition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 64 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certification in the section stated in Section 119.07(3)(ii), Florida Statutes. I further certification in the section stated in Section 119.07(3)(iii) for the exemption stated in Section 119.07(3)(iii) for the exempti	

indicated on mis annual report or suppliermental annual typorus true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or tooste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attechment with an address.

SIGNATURE:

the Comon

3-27-98

(954) 927-3080