

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90021 003 ***150.00

DOCUMENT # H41530

1. Corporation Name
C & R MANAGEMENT CORP.

Principal Place of Business
401 E OCEAN DR.
P.O. BOX 510115
KEY COLONY BEACH FL 33051-0115
US

Mailing Address
401 E OCEAN DR.
P.O. BOX 510115
KEY COLONY BEACH FL 33051-0115
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1985

4. FEI Number

59-2512720

Applied For

Not Applicable

5. Certificate 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

2. Principal Place of Business

21 82758 Overseas Highway
Suite, Apt. #, etc.

22 P.O. Box 1048
City & State

23 Islamorada, FL
Zip Country

24 33036 25 USA

2a. Mailing Address

26 82758 Overseas Highway
Suite, Apt. #, etc.

27 P.O. Box 1048
City & State

28 Islamorada, FL
Zip Country

29 33036 30 USA

9. Name and Address of Current Registered Agent

CSELENYI, STEPHEN
401 E OCEAN DR.
KEY COLONY BEACH FL 33051

10. Name and Address of New Registered Agent

81 Name
Stephen Cselenyi
82 Street Address (P.O. Box Number is Not Acceptable)
210 West Seaview Drive
83
84 City
Duck Key, FL 85 Zip Code
33050

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
CSELENYI, STEPHEN
401 E OCEAN DR.
KEY COLONY BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CSELENYI, DONALENE
401 E OCEAN DR.
KEY COLONY BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PDT
Cselenyi, Stephen
210 West Seaview Drive
Duck Key, FL 33050 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VSD
Cselenyi, Donalene
210 West Seaview Drive
Duck Key, FL 33050 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: *[Signature]* SIGNATURE REQUIRES *4/18/99* 305-743-5412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)