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

Mailing Address

6730 N.W. 26TH TERRACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H42981**

Principal Place of Business

6730 N.W. 26TH TERRACE

DRESNER MANAGEMENT SERVICE, INC.

| FORT LAUDERDALE FL 33309 | | FORT LAUDERDALE FL 33309 | | | DO NOT WRITE IN THIS | SPACE | |
|---|--|---|---------------|----------------------|--|--|--|
| | | | | | Do Not Write in This Date Incorporated or Qualifed | GPAGE | |
| | | • | | | | | |
| 2. Principal P | Nace of Rusiness | 2a. Mailing Address | | | 02/15/1985 4. FEI Number | 112 | |
| ¬ · • • • • • • • • • • • • • • • • • • | | | | | | | plied For |
| 21 | # 616 | 26 Suite Ast # etc | | | 59-2486338 | | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 7 | | 5. Certifcate of Status Desired ☐ \$8.75 Additional Fee Required | | |
| City & Stat | e | City & State | City & State | | 6. Election Campaign Financing \$5.00 May Be. Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Country | , | 8. This corporation owes the current year Int | | |
| 24 | 25 | 29 | 0 | | Personal Property Tax. | ☐Yes | □No |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Registered | Agent | |
| | \$7.00 m 10.00 m | | 81 | Name | | | |
| | SNER, SHIRLEY | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| | N.W. 26TH TERRACE | 11-20 · | " | Oriest Vaai | A COLUMN TARREST IS THE TOTAL CONTRACTOR | | and the second |
| FOR | IT LAUDERDALE FL 33309 | | 83 | 1 | 1.4. 1.2. 48 108 54 58 58 58 58 | B (1986) | 41 (2.14) |
| • | | | 0.4 | Cit | (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | (1 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11 1 2 3 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | 84 | City | FL. | 85 Zip (| ode |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | , the abov | e-named corp | poration submits this statement for the purpose of | changing its | registered |
| office or r | egistered agent, or both, in the State of im familiar with, and accept the obligation | Florida, Such change was auti | horized by | the corporation | on's board of directors. I hereby accept the appoi | ntment as re | gistered |
| • | in lasiliai with, and accept the obligation | ris or, Section our Good, Florid | ia Statute: | . | | | |
| SIGNATURE | Signature, typed or printed name of registered egent a | nd title if applicable. (NOTE: Ro | egistered Age | nt signature require | od when reinstating) * / * ; DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | -10 10 18 As | ☐ Change | Addition |
| NAME | DRESNER, SHIRLEY | | 1.2 NAME | 1 | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | - | |
| STREET ADDRESS | 6730 N.W. 26TH TERR. | | 13 STREE | T ADDRESS | | | |
| City-St-Zip | FT. LAUDERDALE FL | | 1.4 CITY-S | | | | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | 17-ZIF | | Change | Addition |
| NAME | DRESNER, LAWRENCE A. | _ | 2.2 NAME | | | | |
| STREET ADDRESS | 4504 MIN 4451 5555 | | | T ADDRESS . | • | | |
| | FT. LAUDERDALE FL | | | | | | |
| CITY-ST-ZIP | TT. ENOBERDALE TE | ☐ DELETE | 2.4 CITY-1 | 51-219 | | [T] Change | Addition |
| 13.7 | PART PROPERTY | | 1 | | - | | |
| NAME | (教學) (物學) (學) | · : : : : : : : : : : : : : : : : : : : | 3.2 NAME | TARRESCO | | • | |
| STREET ADDRESS | Y LO CONTRACTOR OF THE PARTY OF | | | TADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 3.4. CITY-5 | ST-ZIP | | 4 | Addition |
| TITLE | | | 4.1 TITLE | | and the second of the second o | | : L Mudition |
| NAME EV ac | • ጊኒ ቀቸም | 21. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4. 2 NAME | | | | |
| STREET ADDRESS | लाई है। १ अल | | F | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY+S | T-ZIP | | | [mg & 1 100 |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | • | |
| STREET ADDRESS | 500 | | | TADORESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | Park Salar | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | - | ☐ Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | 等。1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | 6.3 STREE | TADDRESS | | | |

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.

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

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90032 019 ***150.00