

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  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90038 043 \*\*\*150.00

DOCUMENT # H83962

1. Corporation Name  
CLINTON MANAGEMENT CORP.

Principal Place of Business  
5800 MIAMI LAKES DR  
MIAMI LAKES FL 33014  
US

Mailing Address  
5800 MIAMI LAKES DR  
MIAMI LAKES FL 33014  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1985

4. FEI Number

59-2647119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GLAZER, ESQ., ERIC L  
5800 MIAMI LAKES DR  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

JOHN K ZIEGLER

82 Street Address (P.O. Box Number is Not Acceptable)

5800 MIAMI LAKES DR

83

84 City

MIAMI LAKES

FL

85 Zip Code  
33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

4-22-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCANNAYNO, FRANK G.  
STREET ADDRESS 11960 NW 2ND CT.  
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE VSD  
NAME GLAZER, MARC  
STREET ADDRESS 12600 BURNING TREE LANE  
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE VD  
NAME NALL, CHARLES  
STREET ADDRESS 246 NEPTUNE AVE  
CITY-ST-ZIP LAUDERDALE BY THE SEA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JOHN K ZIEGLER, COB, CEO ☐ Change ☒ Addition  
1.2 NAME 5800 MIAMI LAKES DR  
1.3 STREET ADDRESS MIAMI LAKES, FL 33014  
1.4 CITY-ST-ZIP

2.1 TITLE MAXWELL TRIPP, PRES ☐ Change ☒ Addition  
2.2 NAME 900 MILIK ST  
2.3 STREET ADDRESS CARTERET, NJ 07008  
2.4 CITY-ST-ZIP

3.1 TITLE JOHN K ZIEGLER JR, CFO ☐ Change ☒ Addition  
3.2 NAME 900 MILIK ST  
3.3 STREET ADDRESS CARTERET, NJ 07008  
3.4 CITY-ST-ZIP

4.1 TITLE MARY ANNE KIERAN, SECY ☐ Change ☒ Addition  
4.2 NAME 900 MILIK ST  
4.3 STREET ADDRESS CARTERET, NJ 07008  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

Mary-Anne Kieran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 (732) 541-6255

Date Daytime Phone #

CR2E034 (11/98)

0131564