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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

303

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90228 015 ***150.00

1. Corporation	MEN # H8811	1					
	PROPERTY MANAGEMEN	T, INC.					
	,						
Principal Place	e of Rusiness	Mailing Address		·			JUDIU BIBUH UBBH
7777 GLADES RD #410 7777 GLADES RD #410 BOCA RATON FL 33434 BOCA RATON FL 33434							
DOOM TIRVOIT	1 1 00101				DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
O Dississi D	lace of Business	2a. Mailing Address			12/02/1985 4. FEI Number	An	plied For
	race of business	— ·			59-2645370		t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 /	
22 27					5. Certifcate of Status Desired	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	y	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	rent Registered Agent		.1	10. Name and Address of New Registere	d Agent	
	MADITION OF 40F 40F 40F	n.	81	Name			į
CORPORATION SERVICE COMPANY			82	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
1201 HAYS ST.							
TALLAHASSEE FL 32301			83	5			
			84	City	F	85 Zip (Code
				<u></u>	-		rogistored
office or r	registered agent or both in the Sta	te of Florida. Such change was a	IITNONZEN OV	v ine comorati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as re	gistered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statute	S .			
SIGNATURE	Signature, typed or printed name of registered a	A LANGE WAS INCOME.	. Decisioned Age	ant elegatura requir	ed when reinstating) DATE		
12.		AND DIRECTORS	13.	ant arginature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE	, PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	WIENER, ELLIOTT		1.2 NAME				Ì
STREET ADDRESS			1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-1	ST-ZIP	<u></u>		
TITLE	SVP DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	ARMSTRONG, JOEL		2.2 NAME				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-	ST-ZIP			
TITLE	VPSD DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME	WEST, AL		3.2 NAME				
STREET ADDRESS	7777 GLADES RD.		3.3 STREE	ET ADDRESS			
CITY+ST-ZIP	BOCA RATON FL		3.4. CITY-				
TITLE	VSTD DELETE		4.1 TITLE			Change	☐ Addition
NAME	HOYOS, JEFFREY		4. 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-			Chance	Addition
TITLE	V	☐ DELETE	5.1 TITLE		·	Change	- Andinou
NAME	SLEEK, HARRY T		5.2 NAME				
STREET ADDRESS		•		ET ADDRESS		*	
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	5.4 CITY- 6.1 TITLE			☐ Change	Addition
TITLE	V DAMMANO TOM	(_) DELETE	6.2 NAME			Snungo	
NAME	DAMIANO, TOM		1	ET ADDRESS			
STREET ADDRESS	7777 GLADES ROAD		0.3 0 INE	L I ALDUNESS			

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 indicated on this annual report or supplies each an an officer or director of the corporation of the exemption stated 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 of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplies each of the same legal effect as if made under oath; that I am an officer or director of the corporation of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplies each of the same legal effect as if made under oath; that I am an officer or director of the corporation of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplies each of the same legal effect as if made under oath; that I am an officer or director of the corporation of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify

SIGNATURE:

SIGNATURE REQUIRE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate Oate

Daytime Phone #