

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90160 034 ***150.00

DOCUMENT # K10642

1. Corporation Name

NC MANAGEMENT CORP.

Principal Place of Business

50 E. SAMPLE ROAD. #302
POMPANO BEACH FL 33064

Mailing Address

50 E. SAMPLE ROAD. #302
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1988

4. FEI Number

59-2866892

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD H MURRAY
50 E SAMPLE RD
STE 302
POMPANO BEACH FL 33064

81 Name

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

83

84 City

FL

85 Zip Code

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 S ☐ DELETE
NAME KRITSCH, F D
STREET ADDRESS 50 E SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME FLATEN, PAUL
STREET ADDRESS 1841 NE 45TH ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME TODD, MURRAY
STREET ADDRESS 1841 NE 45TH ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME HAMMOND, THOMAS
STREET ADDRESS 1841 NE 45TH ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME SWERDLOFF, MARC
STREET ADDRESS 1841 NE 45TH ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE P ☐ DELETE
NAME SCIAMANICO, MICHAEL
STREET ADDRESS 50 E. SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME HARRIS, JONATHAN O.
1.3 STREET ADDRESS 50 E. SAMPLE ROAD
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33064

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME TARRAS, SETH C.
2.3 STREET ADDRESS 50 E. SAMPLE ROAD
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33064

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
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:

F. DANIEL KRITSCH
SECRETARY + CFO

4/13/99

(954) 942-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0159682

CR2E034 (1/1/98)