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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K24713

1. Corporation										
MANAGE	EMENT R&D, INC.						. (e4)e1(4 6(6 (18)) 6(4)) 1 664) 1	and (1)(4)(() A	(8)(8:8() 8 (8)(#(#() #(#() (##)
		5.4.71t					 			DIDII DIBII IDDI
Principal Place	e of Business	Mailing Address				Į.				
PO 80X 2345 PO 80X 2345										
HOLLYWOOD FL 33022-2345 US HOLLYWOOD FL 33022-2345 US							DO NOT WRI	TE IN THIS	SPACE	
00		00				3.	. Date Incorporated or Qualifed			
						"	05/23/1988			
2. Principal P	lace of Business	2a. Mailing Address				4.	. FEI Number	<u> </u>	A	pplied For
21	•	26					65-005 2380		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75	Additional
22						. 3.	5. Certificate of Status Desired			
City & State	9	City & State				6.	. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country Zip Co			untry	79 8. This corporation owe			the current year Intangible		
24	25 29 30						Personal Property Tax.		☐ Yes	□No
Name and Address of Current Registered Agent					,	10.	. Name and Address of New I	Registered .	Agent	
501	COLLET CRANKE IN A			81	Name					
POMERANZ, FRANKLIN G.			82	Street A	ddress (F	P.O. Box Number is Not Accept	able)			
415 SE 11TH TERRACE #305										
Dania Fl 33004				83						ļ
				84	City			 -	85 Zip	Code
•				1] .	.:	·	FL		Ì
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change w	as authorize	ea by	tne corpoi	orporatio ration's b	on submits this statement for the loard of directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a		NOTE: Registere			quired when	reinstating)	DATE	_	
12,	OFFICERS AND		13				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	DPST	☐ DELET	E 1.1	TITLE					Change	☐ Addition
NAME	POMERANZ, FRANKLIN G.		121	NAME	į					į
STREET ADDRESS	ARE OF ARTH TERRACE HOOF			STREE	TADDRESS					ļ
CITY-ST-ZIP	DANIA FL			CITY-S						
TITLE				TITLE					☐ Change	☐ Addition
NAME	GUILLEN, IDELMA		22	NAME	-					
STREET ADDRESS	415 SE 11TH TERRACE #305		2.3	STREE	TADDRESS					}
CITY-ST-ZIP	DANIA FL			CITY-8						
TITLE		☐ DELET		TITLE	1				Change	☐ Addition
NAME			3.2	NAME	1					
STREET ADDRESS			3.3	STREE	TADDRESS					
CITY-ST-ZIP •	1		CITY-9	ST-ZIP						
TITLE		☐ DELET		TITLE					☐ Change	Addition
NAME			4. 2	NAME						
STREET ADDRESS	l .				TADDRESS					
CITY-ST-ZIP				CITY-S						
TITLE		☐ DELET	~	TITLE	-				Change	Addition

CITY-ST-ZIP-1 1777 Tr 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 changes, even an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

The war of the REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition