**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT

1995 5195

FLORIDA DEPARTMENT OF STATE
5598
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K66743 (1)

1. Corporation Name

SIDMAR MANAGEMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % MARVIN SAGER<br>655 NE 160TH ST<br>N MIAMI BEACH FL 33162-0653 | % MARVIN SAGER<br>655 NE 160TH ST<br>N MIAMI BEACH FL 33162-0653 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1989

3a. Date of Last Report: 04/25/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 MARVIN SAGER-SIDMAR MGT | 26 MARVIN SAGER |
| Suite, Apt. #, etc.<br>22 13637 NW 7 AVE | Suite, Apt. #, etc.<br>27 4160 SW 149 TERRACE |
| City & State<br>23 NORTH MIAMI, FL 33168 | City & State<br>28 MIRAMAR, FL |
| Zip / Country<br>24 33168 / 25 USA | Zip / Country<br>29 33027 / 30 U.S.A |

4. FEI Number: 65-0103865 — 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 has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MARVIN SAGER<br>~~655 NE 160 STREET~~<br>~~SUITE 374~~<br>~~NORTH MIAMI BEACH FL 33162~~<br>4160 SW 149 TERR<br>MIRAMAR, FL<br>33027 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PD | ☑ Change ☐ Addition |
| NAME | SAGER, MARVIN | 12 NAME | SAGER, MARVIN | |
| STREET ADDRESS | ~~655 N.E. 160TH ST.~~ | 13 STREET ADDRESS | 4160 SW 149 TERRACE | |
| CITY-ST-ZIP | ~~N. MIAMI BEACH FL~~ | 14 CITY-ST-ZIP | MIRAMAR, FL 33027 | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** _____ 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

MARVIN SAGER

OR (305) 688-0382
REX (305) 433-4885
Daytime Phone #

0176346 CP