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03-05-1999 90116 047 \*\*\*150.00

## 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

## DOCUMENT # KRO309

1. Corporation	Name				·		
KOLAR MANAGEMENT, INC.							
NOLAHIN	MAINACHIENT, INC.				) (88) 1811   1811   1811   1816   1816   1816   1817   1817   1817	. BIEN EIBN BIEN BI	
l						. <b>216</b> 11 21811 21811 21	
Principal Place of Business Mailing Address					I (ABIBITI EB) IBNI: BBIBD II:NI BBIID IBNI BIBNI	- MIRIT ATOST ATOST AS	BII BÁBII IBBI
1001 US HIGHWAY ONE 1001 US HIGHWAY ONE					·		
STE 801 STE 801					DO NOT WRITE IN THIS SPACE		
JUPITER FL 33477 JUPITER FL 33477					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		}
Principal Place of Business     2a. Mailing Address					04/14/1989 4. FEI Number	Anr	olied For
· ·	ace of Business	<b>⊢</b> •			65-0163279	<del>    ''</del>	Applicable
Suite, Apt.	# oto	Suite, Apt, #, etc.			<u> </u>	\$8.75 A	
	SUITE 206	27 SUITE	20	6	5. Certifcate of Status Desired	Fee Rec	
City & State City & State					6. Election Campaign Financing	\$5.00 1	May Be
28					Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year I		
24					Personal Property Tax. Yes No		
•	9. Name and Address of Current	t Registered Agent		r	10. Name and Address of New Registere	d Agent	
			81	Name			
HUNSTON, W. JAY JR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
515 N FLAGLER DR					<u> </u>		
WES	T PALM BEACH FL 33401		83				
			84	City		85 Zip C	ode
					F	<u>L                                     </u>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above horized by	e-named cor the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its r ointment as reg	jistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes			_	
SIGNATURE					red when reinstation) DATE		
Signatural types of printer in				it signature requi	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CH	AND DIRECTO	RS IN 12
12.			13. 1,1 TITLE		ADDITIONO/OF BUTCHES TO CITY OF BEINE	Change	Addition
NAME	, b		1.2 NAME				
STREET ADDRESS	NOCHI, NENGLISTI		1	T ADDRESS			
	NUMBER EL		1.4 CITY-S				
CITY-ST-ZIP TITLE	OUTTERT		2.1 TITLE			Change	Addition
NAME	_		2.2 NAME				
NOLAN, SHEREE N.			2.3 STREET	TADDRESS			
l l			2. 4 CITY-S	ST-ZIP	•		
TITLE	1 OOT TIER TE		3.1 TITLE			Change	☐ Addition
NAME	321		3.2 NAME				
STREET ADDRESS	·		3.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP	T-ZIP 34.0			ST- ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE			☐ Change	Addition
NAME	4.2		4, 2 NAME				1
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CITY-ST-ZIP			4 4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			☐ Change	Addition (
NAME			5.2 NAME				ļ
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP	-2IP		5.4 CITY-S	T-ZIP			Addition
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition \
NAME			6.2 NAME	* 10000	•		Į
STREET ADDRESS			63STREE	T ADDRESS			I

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP