**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L13269

1. Corporation Name

STETSON MANAGEMENT, INC.

	N NUMBER OF THE PROPERTY AND PR						
Principal Plac	e of Business	Mailing Address				4(4)( 4)4() E)4() E	
633 DARTMOUTH STREET OUALITY CENTERS ORLANDO FL 32804  633 DARTMOUTH STREET OUALITY CENTERS ORLANDO FL 32804  634 DARTMOUTH STREET OUALITY CENTERS ORLANDO FL 32804					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed		
					09/05/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			36-2798775		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	te ·	City & State	-		6. Election Campaign Financing	\$5.00	- 1
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	<b>!</b>	8. This corporation owes the current year Ir		□No
24	25	29 30	<u>0 </u>		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	Registered Agent	81	Name	IV. Hallie and Address of New Neglateres	- Agont	
RRO	WN, II, P.A., C DAVID		<u> </u>	Hamo			
		82 Street Ad		ess (P.O. Box Number is Not Acceptable)			
390 N. ORANGE AVE SUITE 1100			83				
ORLANDO FL 32802			84	City	F.	85 Zip 0	Code
office or r	registered agent, or both, in the State of the familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida. Such change was auth tions of, Section 607.0505, Florida	norized by la Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the	ointment as reg	gistered
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DO 181 40
TITLE	P						IKS IN 12
NAME	STETSON, H. GARY		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
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CITY-ST-ZIP	633 Dartmouth Street	□ DECE1E	1.2 NAME	TADDRESS .			
		∐ DE£E1E	1.2 NAME			☐ Change	
TITLE	633 DARTMOUTH STREET ORLANDO FL	☐ DELETE	1.2 NAME 1.3 STREE				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

QUIRED

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90126 025 \*\*\*150.00