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 14, 1999 8:00 am Secretary of State

04-14-1999 90059 022 ***150.00

DOCUMENT # L39211

1. Corporation Name

CELLAR DOOR MANAGEMENT, INC.

Principal Place	of Business	Mailing Address			
900 NE 26TH AVENUE 900 NE 26TH AVENUE					·
5555 N.W. 95TH AVENUE		5555 N.W. 95TH AVENUE		DO NOT WRITE IN THIS SPACE	
		FT LAUDERDALE FL 33304		3. Date Incorporated or Qualifed	IN THIS SPACE
US	•	US		12/22/1989	
				12/22/1909 4. FEI Number	Applied For
2. Principal Place of Business		2a, Mailing Address	4129	•••	Not Applicable
		26 P.O. BOX	9107	65-0159519	\$8.75 Additional
Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required	
			-		
City & State		City & State		6. Election Campaign Financing	S5.00 May Be Added to Fees
23			Country	Trust Fund Contribution	
Zip	Country	Zip 29 333338 30	¬ 1 ~	8. This corporation owes the currer	nt year intangible
24	25	11	180	Personal Property Tax. 10. Name and Address of New Re	
3. (tall a)					
WASSON, ALBERT J.				BERT J WASSON	
			82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)
900 NE 26TH AVENUE FT LAUDERDALE FL 33304					
Fi U	AUDENDALE FL 33304		83 3642	NE 13 8T.	
	•		84 City		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		13.	ADDITIONS/CHANGES TO OFF	
TITLE	P	☐ DELETE	1.1 TITLE	Ø.	Change Addition
NAME	BOYLE, JOHN J.		1.2 NAME	STE JOHN J.	
STREET ADDRESS	900 NE 26TH AVE		13 STREET ADDRESS 2/	LUA NE LA ST.	
CITY-ST-ZIP	ft lauderdale fl		1.4 CITY-ST-ZIP	T. LAVDERD ALE, PL 3	
TITLE	AS	DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	KERRIGAN, MARIA		2.2 NAME		1
STREET ADDRESS	900 NE 26TH AVE	l	2.3 STREET ADDRESS		
CITY-ST-ZIP -	FT-LAUDERDALE FL	l de la companya de	2.4 CITY+ST-ZIP		
TITLE	VP	☐ DELETE		7, 0, S	
NAME	WASSON, ALBERT J.			ASSON, ALBERT J.	
STREET ADDRESS	900 NE 26TH AVE			W NE IA ST.	
	FT LAUDERDALE FL 33304				3 3 04
CITY-ST-ZIP	D	Z DELETE	4.1 TITLE	,, 3,,,	☐ Change ☐ Addition
NAME	WILLIAMS, DAVE	4	4.2 NAME		
] {	900 NE 25TH AVE		4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL	M DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE	D .	DELECTE.	5.2 NAME		
NAME	HOWARD, WILSON		5.3 STREET ADDRESS		
STREET ADDRESS	900 NE 25TH AVE		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	FT LAUDERDALE FL	Tanci ete	6.1 TITLE		Change Addition
TITLE	D SDANKO BIOK	DELETE	6.2 NAME		. Compage Constitution
NAME	FRANKS, RICK		F I		
STREET ADDRESS	900 NE 26TH AVENU		6.3 STREET ADDRESS		

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 suppliemental 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 propagation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FT LAUDERDALE FL 33304