03-10-1999 90109 033 \*\*\*155.00

## 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 # L57400

1. Corporation Name

STEVE GREEN MANAGEMENT, INC.

			_						
Principal Place	e of Business	Mailing Address						*** ****	
10232 AVENIDA DEL RIO 9850 SANDALFOOT BLVD									
SUITE 458		SUITE 458				DO NOT WRITE IN THIS SPACE			
DELRAY BEACH FL 33446 BOCA RATON FL 33428						3. Date Incorporated or Qualifed			
US						03/15/1990			
2. Principal P	lace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number			plied For
21		26				65-0184409	-		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	I
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added t	o Fees
Zip Country		Zip Country				8. This corporation owes the current year Intangible			
24	25 29 30			Personal Property Tax.			□No		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F	tegistered /	Agent	
				81 Nam	ne	·			Į
FISCHER, STEVEN P.				<b>82</b> Stre	et Addres	dress (P.O. Box Number is Not Acceptable)			
	NETT BANK CENTER #110		<u> </u>						
	S. PINE ISLAND ROAD			83					-
PLAI	NTATION FL 33324			84 City				85 Zip (	Code
				,		•	FL		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was	authorized	i by the co	orporation'	's board of directors. I hereby accep	or the appoir	ntment as re	gistered
OIOIATORE	Signature, typed or printed name of registered ag	<u> </u>	<u> </u>	Agent signatu	re required w	then reinstating) .	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO Change	Addition
TITLE	STD	☐ DELETE	1.1 T					□ Citatige	
NAME	GREEN, JANICE		1.2 N			•			1
STREET ADDRESS	10232 AVENIDA DEL RIO		1.3 S	REET ADDRE	SS				ļ
CITY-ST-ZIP	DELRAY BEACH FL		_	TY-ST-ZIP				Change	[ ] Addition
TITLE	PD	. DELETE	2.1 🏗					Change	
NAME	GREEN, STEVEN A.		2.2 N						. {
STREET ADDRESS			2.3 \$	REET ADDRE	ss				1
CITY- ST-ZIP	DELRAY BEACH FL		_	ITY-ST-ZIP			_	☐ Change	Addition
TITLE		☐ DELETE	3.1 T		Ì	•		□ Cuanga	C) Addition
NAME			32 N						
STREET ADDRESS				TREET ADDRE	SS				
CITY-ST-ZIP		Concurr		ITY-ST-ZIP				Change	Addition
TITLE		☐ DELETE	4.1 🍴					- Cuanga	C radiiio/i
NAME			4.21						}
STREET ADDRESS				TREET ADORE	SS	•			
CITY-ST-ZIP				TY-ST-ZIP			_	☐ Change	Addition
TITLE		☐ DELETE	5.1 T						
NAME				TREET ADDRE					Ì
STREET ADDRESS	iĮ		■ 5.3 \$	REFLANIKE	33 I	•			
CITY-ST-ZIP			- 1			·			1
T.T. C		□ DELETE	5.4 C	TY-ST-ZIP				☐ Change	Addition
TITLE		DELETE	5.4 C	TY-ST-ZIP			<u>.</u>	Change	☐ Addition
TITLE NAME		☐ DELETE	5.4 C 6.1 T 6.2 N	TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition

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 of 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 attachylerit with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP