PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L66948 ROLLING HILLS MANAGEMENT, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90112 046 ***150.00

(954) 475-0400 Daytime Phone #

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					3. Date Incorporated or Qualified				
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2. Principal Pl					4. FEI Number	<u>:</u>	_	led For	
21	•	26			65-0186017	- 60		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		DA COM PeRed	iditional idred	
22	<u> </u>	City & State		<u> </u>	a Floring Compains Floring				
City & State		28	_		Election Campaign Financing Trust Fund Contribution		.00 N		
23 Zip	Country		Cour	trv	8. This corporation owes the curren				
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24	9. Name and Address of Curren		50,		10. Name and Address of New Re	gistered Agent			
	J. 1101110 W. 1101 W.			81 Name	· ·				
ROTI	H, JOEL		ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptable	<u></u>			
NOR	ITHERN TRUST PLAZA			Street Add	iness (P.O. Box Number is Not Acceptable	u)			
301	YAMATO RD., STE. 1200		Ì	83		-			
BOC	A RATON FL 33431						T 0		
			1	84 City		FL 85	Zip Co	xue	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the et	ove-named com	poration submits this statement for the pu	irpose of changi	ng its re	gistered	
office or r	registered agent, or both, in the State	of Florida, Such change was at	ithorized	by the corporati	on's board of directors. I hereby accept	the appointment	as regi:	stered	
	m familiar willi, and accept the obliga	mons of Goodon Gov. Good, 1 for	NA CHAR						
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE:	Registered .	gent signature require	ed when reinstating)	DATE			6
12.	Signature, typed or printed name of registered ages OFFICERS AN	R and title if applicable. (NOTE: ID DIRECTORS	Registered . 13.	geni signature requim	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE			1/08)
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12. TILE	PSD OFFICERS AN	ID DIRECTORS	13. 1.1 TIT 1.2 NA	E		ERS AND DIRE			2F034 (11/98)
12. TITLE NAME	OFFICERS AN PSD KASAI, NOBUAKI	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STE	E LE		CERS AND DIRE	enge	Addition	R2F034 (11/98)
12. TITLE NAME STREET ADDRESS	PSD KASAI, NOBUAKI 3501 WEST ROLLING HILL CIR	ID DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STE	E LE EET ADDRESS \$T-ZP		ERS AND DIRE	enge		CR2F034 (11/98)
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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 dideated 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 ampowered to axecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.