FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

LAUDERDALE MANAGEMENT CORP.

Mailing Address

FILED Feb 10 1997 8:00am Secretary of State



1621 A NW SISTRUNK BLVD. FT. LAUDERDALE FL 33311 US		2890 W. S	2990 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311-5635				(Date Incorporated or Qualified 06/26/1990		te of Las	st Report
	ace of Business	2a. Mailin	g Address				4.	FEI Number 65-0203147			Applied For
Suite, Apt.	# oto	26 Suito	Suite, Apt. #, etc.				60.75				
22 Suite, Apr.	π, etc.	27					5.	Certificate of Status Desired			Required
City & State)		City & State				6.	Election Campaign Financing	\$5.00 May Be		
23		28						Trust Fund Contribution			ed to Fees
Zip	Country	Zip	—¬ • • • • • • • • • • • • • • • • • • •		untry		8. This corporation has liability for				
24	9. Name and Address of Curre	29	lant.	30	Т			Florida Statutes Name and Address of New Re	Yes [
OD4	NT, YVONNE	ent Hegistered A	tgent		81	Name	10.	Mame Ruo Address of Mew H	agistereo A	gent	
	D WEST SUNRISE BLVD.				82						
	LAUDERDALE FL 33311					Street Address (P.O. Box Number is Not Acceptable)					
• • •	- 10 p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				B3	···					
					84	04.				14-11-5	in Code
						City			FĻ		(ip 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,		ND DIRECTORS		13.		ini signature re		DDITIONS/CHANGES TO OFFI		DIRECT	OBS IN 12
TITLE	P		DELETE	1.1 7						Chang	
NAME	GRANT, YVONNE			1.2 N	IAME						İ
STREET ADDRESS	350 NW 118TH AVE			1.3 9	STREET	ADDRESS					
CITY-ST-ZIP	PLANTATION FL			1.4 0	CITY-S	1 - ZIP					
TITLE	ST TRACY		DELETE	211						Chang	ge 🔲 Addition
NAME	GRANT, TRACY 350 N.W. 118TH AVENUE				IAME						
STREET ADDRESS	PLANTATION FL					ADDRESS					ļ
CITY-ST-ZIP	VP		DELETE	2. 4 t	CITY - S	ST - ZIP				Chanc	ge Addition
NAME	GRANT, TROY			1	NAME					onang	
STREET ADDRESS	350 N.W. 118TH AVENUE					ADDRESS					
CITY-ST-ZIP	PLANTATION FL				CHTY-S						
TITLE			DELETE	4.11						Chan	ge Addition
NAME				4.2	NAME						
STREET ADDRESS	ř.			435	STREET	ADDRESS					
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , ,	DC) 577		OTY-S	T-ZIP				- 1 ns-	an Disabe
TITLE			☐ DELETE	5.1 7						☐ Chan	ge 🔲 Addition
NAME					NAME	1000000		•			
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	6.13	CITY-S TOLE	1- ZIP				Chan	ge Addition
NAME					NAME	}					
STREET ADDRESS						ADDRESS					
SINCE ADDRESS				0.3		T. JUDINESS					ļ

6.4 CITY-ST-ZIP

14. I do 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.