

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90108 034 ***150.00

DOCUMENT # M51857

1. Corporation Name

KRYDER MANAGEMENT SERVICES INC.

Principal Place of Business

C/O WILLIAM KRYDER III
2219 DISCOVERY CIRCLE W.
DEERFIELD BEACH FL 33442
US

Mailing Address

C/O WILLIAM KRYDER III
2219 DISCOVERY CIRCLE W.
DEERFIELD BEACH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1987

4. FEI Number

59-2799600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3903 NW 55 St

Suite, Apt. #, etc.

22 City & State Coconut Creek FL

23 Zip 33073 Country USA

24 33073 25 USA

2a. Mailing Address

26 3903 NW 55 St

Suite, Apt. #, etc.

27 City & State Coconut Creek FL

28 Zip 33073 Country USA

29 33073 30 USA

9. Name and Address of Current Registered Agent

KRYDER, WILLIAM III
2219 DISCOVERY CIRCLE W.
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

3903 NW 55 St

83

84 City

Coconut Creek

FL

85 Zip Code

33073

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 DIRECTORS

☐ DELETE

TITLE D
NAME KRYDER, WILLIAM III
STREET ADDRESS 2219 DISCOVERY CIR. W.
CITY-ST-ZIP DEERFIELD BEACH FL 33442

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

same

☒ Change

☐ Addition

1.2 NAME

same

1.3 STREET ADDRESS

3903 NW 55 St

1.4 CITY-ST-ZIP

Coconut Creek FL 33073

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

954-481-3686

CR2E034 (11/98)