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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(2)

FILED May 20 1998 8:00am Secretary of State

CAMB C.	ridge at aberdeen	I								
Principal Plac	e of Business	Mailing Addres	6			I HUMIATUR DON DINUM INTEN ERION DAFO	ı işını bibir biniş	ALON BLAN DI	Elk araki (AA)	
% CMD MGMT 3082 JOG ROA LAKE WORTH	ND .	3082 JOG ROAL	% CMD MGMT INC 3082 JOG ROAD LAKE WORTH FL 33467-2053			3. Date Incorporated or Qualified 01/08/1987				
l·US		US				4. FEI Number			plied For at Applicable	┨
2. Principal F	Place of Business	Za. Mailing Add	dress			59-2761399				1
21		26	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A	quired	1
F			30%6, Apr. #, 6to.			Election Campaign Financing Trust Fund Contribution		\$5.00 N		l
22 City & Sta	16		City & State			7. Is this ponprofit corporation a h	_=_			1
‡ 3		— ´ ′	28			Yes No				
Zip	Country	Cor	ıntıy		6. This corporation owes or has paid the current year Intangible					
24	25 29		30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of	of Current Registered Agent				10. Name and Address of New R	egistered A	gent]
				61 Na	me					
ROSEN	Th al , david			82 Str	eet Addres	ss (P.O. Box Number is Not Accepta	ble)			1
CMD MANAGEMENT										ļ
3082 JO	og ri d.		83							Ì
LAKE W	ORTH FL 33467			84 Cit	tv			85 Zip (Code	1
				1 1	•		<u>FL</u>			
11. Pursuant	to the provisions of Sections	617,0502 and 617,1508, Flo	ride Statutes, the a	bove-nar	ned corpor	ration submits this statement for the n's board of directors. I hereby acce	purpose of c	hanging it	s registered	1
agent. I s	m familiar with, and accept t	the obligations of, Section 61	7.0503, Florida Sta	tutes.	obiporation	The bodies of photoids. I viology door	pr mo appoi	manon do	100,510.00	l
SIGNATURE										
12.	Signature, typed or printed name of re	olstered agent and title II applicable CERS AND DIRECTORS	(NOTE: Registere	d Agent sign	nature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF DO AND A	DIDECTOR	C (N) 10	վջ
TITLE	₩ Đ		9EDNE 1.1 T	ITI F	D			01	Addition	Ş
NAME	MOGLAND, MARTY	, -	1.2 N		LA	WRENCE BOSEN BERG	′ .			1,
ISTREET ADDRESS	6932 BITTERBUSH PL			TREET ADDR	ESC 7.	WRENCE ROSENBERE 140 BITTERBUSH	PLACE	<u>ئ</u>		18
DITY-ST-ZIP	BOYNTON BCH FL	•		ITY-ST-ZIP		VNTON BEACH FL.	33437	,		🖔
TITLE	# V D		DELETE 2.1 T		1 X	1 4 100 = 050 H, 1 C		Change	Addition	۵ٰا
NAME	ROSOFF, PETER		2.2 N	AME	75	LESTINE FISHER		_ •	_	١
STREET ADDRESS	7019 BITTERBUSH		2.3 \$	TREET ADDRI	ESS Z	OF RITTER BUSH	RACE			ı
CITY-ST-ZIP	BOYNTON BCH FL		2.40	CITY-ST-ZIP	2	OYNTON BEACH FO	. 334.	37		١
TITLE	SD		DELETE 3.1 T		0<	PANLEY LEVY	/	Change	Addition	1
NAME	MARION, GLORIA		3.2 N	AME		SLY BITTE	RO	en f	1 ACF	
STREET ADDRESS	8078 POPASH CT		3.3 S	TREET ADOR	ESS 💪	867 1313161	~ 1~ 0~	7	Partice.	
CITY-ST-ZIP	BOYNTON BCH FL		3.4. 0	ITY-ST-ZIP	<u> </u>	BOYNTON &	CHI	6 33	437	j
TITLE	TOKARK		DELETE 4.1 T	TLE	7			Change	Addition	Ì
NAME	HERR, MANNY		4.21	IAME	1.					
STREET ADDRESS	6956 BITTERBUSH PL	ACE	4.3 S	treet addri	ESS					ļ
ÇITY - ST - ZIP	BOYNTON BCH FL 33	1437	4.4 0	ITY - ST - ZIP]
TITLE	DELARTENBERG, C	14F37FR	DELETE 5.1 T	TLE			Τ	Change	Addition	1
NAME	GAME	MSR	52 N	AME	B.	ORT GURSKY 19 BITTERBUSH F				
STREET ADDRESS	BITTERBUSH PL		5.3 S	TREET ADDRE	ESS 68	19 BITTERBUSH F	LACE			l
CITY-ST-ZIP	BOYNTON BCH FL			ITY-ST-ZIP	Be	YNTON BEACH, FO	L 33	437		1
TITLE	PD		DELETE 6.1 TI	TLE	-	•		Charige	Addition	1
NAME	MELZER, MARTY		6.2 N	AME	1					
STREET ADDRESS	6939 BITTERBUSH PL		6.3 S	TREET ADDR	ESS					
CITY-ST-ZIP	BOYNTON BCH FL	11. I 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		TY-ST-ZIP		action 119 07/3/(i) Florida Statutae	1.6	 		ļ
IS. INGRANU	namurani ani tani umahan en	nnied with this filling does of	VA ANTION VILLEND TO	DODDINO (erated in Se	action 119 H70000 Florida Statutos	LITHINGS CAPTS	ny that the	Intormation	

Indicated on this annual report or supplied with risk liting 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment unit an address.