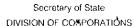
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham



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	1990								
DOCUM 1. Corporation I		43	(9)						
	ITREE MANAGEMENT CO)RPORATION			ì				
MILLI	THEE WATAGERETT OC	ZIII OHIZHOU				 1 1 1		 	THE BUILDING
Principal Place of	of Business	Mailing Add	lress * . ·						
% MCMAHAN			HAN SECURITIES						
591 W. PUTN GREENWICH			Putnam avenue 71ch Ct 06830		ļ		1.		
						3. Date incorporated or Qualified 10/23/1992	3a. L	ate of Last Re 04/27/19	
2. Principal Plac	ce of Business	2a. Mailing	Address			4. FEt Number			Applied For
21		26				65-0355938		<u> </u>	Not Applicable
Suite, Apt. #, etc.		F	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22			27						Required
City & State		28 City & S	City & State			6. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country	-	This corporation has liability for	intangibl	·	
24	25	29	30			Florida Statutes	No XI No		·
	9. Name and Address of Curre	ent Registered Aç	gent			10. Name and Address of New I	Register	ed Agent	
				81 Nai	me				
	IAN, D. BRUCE			82 Str	eet Addres	s (P.O. Box Number is Not Accepta	ble)		
11111 B	SISCAYNE BLVD., SUITE 1055			83					
MIAMI 🧗	L 33161			63					
•				84 Cit	у		F	B5 Zip	Code
11. Pursuant to	 the provisions of Sections 607.056 	02 and 607,1508, I	Florida Statutes, the	above-name	d corporati	on submits this statement for the pu		abanaisa ita s	egistered office
or registere familiar with	e the provisions or Sections 607.05t ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida Such change ection 607.0505. Fla	was authorized by thorida Statutes.	he corporation	on's board	of directors. I hereby accept the app	póintment	as registered	agent. I am
SIGNATURE _	, quita discopt the sangered to say es								
9	Signature: typed or printed name of registered ag-			lered Agent signa	furcinequired w		DAT		00 101 40
12.	PC OFFICERS A	AND DIRECTORS		13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	FICERS A	Change	RS IN 12
TITLE NAME	MCMAHAN, D. BRUCE	L.	-	I.2 NAME				[] Gridingo	/Addition
STREET ADDRESS	11111 BISCAYNE BLVD.			I.3 STREET ADDRI	ESS				
CITY-ST-ZIP	MIAMI FL			.4 CiTy - ST - ZiP					
TITLE	VP	E.		2. 1 TITLE				Change	Addition
NAME	MCMAHAN, D. BRUCE		2	2 NAME					
STREET ADDRESS	11111 BISCAYNE BLVD.		2	3 STREET ADDR	ESS				
CITY - ST - ZIP	MIAMI FL			2 4 CHTY - ST - ZIP					
THLE				3 1 TITLE	'			Change	Addition
NAME				3 2 NAME					
STREET ADDRESS	ı.			3.3. STREET ADDE	#22				
CAY-ST-ZIP TITLE				3 4 CITY - ST - ZIP 4. 1 111LE				Change	Addition
NAME		L.		4.2 NAME					
STREET ADDRESS			i i	4.3 STREET ADDR	ess				•
CITY-ST-ZIP				4.4 CITY - ST - ZIP					
TITLE		C] DELETE !	5. 1 TITLE		800001 3: -06/07/9601	549	J ∰ ∰nge	☐ Addition
NAME			!	5.2 NAME		~96787/96~~011	NIS	U36	
STREET ADDRESS				5.3 STREET ADOR	ESS	***200.00			
CITY-ST-ZIP				5.4 CITY - ST - ZIP				CT Change	FT Addition
TITLE		L] DELETE	6 1 TITLE	1			Change	Addition
			■ .	C D NAME					
NAME				6 2 NAME					10
				6 2 NAME 6 3 STREFT ADDR 6.4 C(TY - ST - Z)P				ζ.	-1-0

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 malls inflored on the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statules; and that ny name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

Control of 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 malls information as in the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if malls information and indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if malls information and indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if malls information and indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if malls information and indicated on this annual report of same legal effect as if malls information and indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if malls information and indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if malls information and in

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #