FILED

50 FEB - 1 PH 12: 26



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000012481 1. Corporation Name

| JERRY MODELL MANAGEMENT CORP. | | | | | | | MEGNETÁBET GE STATE TALLAHASSEE, FLORIDA | | | |
|--|--|---|---|--|--|--|---|---|---------------|-------------------------------|
| Principal Plac | e of Business | Ma | iling Address | | | | 1 | | HER HER HE | 81 10101 1101 100 1 |
| 6261 N.W. 6TH SUITE 203 FT. LAUDERDA | | SUIT | 6261 N.W. 6TH WAY SUITE 203 FT. LAUDERDALE FL 33309 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | | |
| | | | | | | | • | 02/17/1993 | | |
| 2. Principal P | lace of Business | 2a. 26 | 2a. Mailing Address 26 | | | | 4. | , FEI Number 65-0387698 | k | applied For lot Applicable |
| Suite, Apt. | , | 27 | - | | | | 5. | Certificate of Status Desired | | Additional Required |
| City & Stat 23 | | 28 | 4 | | | | 6. | Election Campaign Financing Trust Fund Contribution | | May Be I to Fees |
| Zip 24 | Country 25 | 29 | Zip Country 9 30 | | | | 8. | This corporation owes the current year In Personal Property Tax | angible | □No |
| 11. Pursuant office or magent. I as | egistered agent, or both, in the Sta m familiar with, and accept the obli | 502 and 60 te of Florida gations of, \$ | i. Such change was au Section 607.0505, Flor | uthorized by ida Statutes | e-r th | City named corpo e corporation | oration n's bo | P.O. Box Number is Not Acceptable) ****150.00 FL in submits this statement for the purpose of oard of directors. I hereby accept the appoint | 非非非 85 Zip | Code |
| | Signature, typed or printed name of registered a | · | | | t s | ignature required | | | | |
| 12. TITLE NAME STREET ADDRESS OTTY-ST-ZIP | FT. LAUDERDALE FL DELETE | | [] DELETE | | 13. 11 Tifle 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS | | ! | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECT | · |
| TITLE NAME STREET ADDRESS | | | 21 TITLE 22 NAME 23 STREET | | | | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | C) DELETE 3 | | 31 TITLE 32 NAME 33 STREET | 32 NAME 33 STREET ADDRESS | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS | | | [] DELETE | 34. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET | | | | | Change | [] Add/tion |

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 logal 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.

4.4 CITY-ST-ZIP

5 3 STREET ADORESS

63 STREET ADDRESS

64 CITY-ST-ZIP

54 CHY-ST-Z#P

5 1 TITLE

5.2 NAME

61 TITLE 62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

TITLE

NAME

NAME

DELETE

☐ DELETE

954. 938-0300

☐ Change

Addition