

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90006 042 ***150.00

DOCUMENT # P93000029538

1. Corporation Name

BALLINGER MANAGEMENT SERVICES, INC.

Principal Place of Business

4416 SW 28 TERR
FT LAUDERDALE FL 33321

Mailing Address

4416 SW 28 TERR
FT LAUDERDALE FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1993

4. FEI Number
65-0428093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 485 BRIARWOOD CIRCLE
Suite, Apt. #, etc.

2a. Mailing Address

26 485 BRIARWOOD CIRCLE
Suite, Apt. #, etc.

City & State

23 HOLLYWOOD, FL

City & State

28 HOLLYWOOD, FL

Zip Country
24 33024 USA

Zip Country
29 33024 30 33024 USA

9. Name and Address of Current Registered Agent

BALLINGER, DAVID L
4416 SW 28 TERR
FT LAUDERDALE FL 33321

10. Name and Address of New Registered Agent

81 Name BALLINGER, DAVID L

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

83 HOLLYWOOD, FL

84 City HOLLYWOOD, FL 85 Zip Code 33024

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

DAVID L BALLINGER

3/27/99

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 BALLINGER, DAVID L
STREET ADDRESS 4416 SW 28 TERR
CITY-ST-ZIP FT LAUDERDALE FL 33321

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 485 BRIARWOOD CIRCLE
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

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: DAVID L BALLINGER

3/27/99 (954) 989-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)