## 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** 

## DOCUMENT # P9300040278 1. Corporation Name

GAZELLE MANAGEMENT, INC.

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90014 040 \*\*\*150.00

Principal Place	e of Business	Mailing Address				T   NEW   NEW TOTAL NICH SENT BRIEF BRIEF BRIEF	1416 AWIEL WINIE WWI		6891 (81) (88)
3990 MAGELLAN TRAIL 3990 MAGELLAN TRAIL									
TALLAHASSEE FL 32303 TALLAHASSEE FL 3230		}			DO NOT WOITE	N TUE CDAC	_		
						DO NOT WRITE I	N THIS SPAC	<u> </u>	
						3. Date Incorporated or Qualifed			
		10 44 W A II				06/01/1993 4. FEI Number	1	1 4 2 2	lied For
2. Principal Pl	lace of Business	2a. Mailing Address					i i	+	Applicable
21	<del></del>	26				<u>59-3188603</u>	e o	<del>\</del>	dditional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	7 -	ee Req	I .
City & State		City & State				& Flories Compaign Financing			May Be
<del></del>	e	28				6. Election Campaign Financing Trust Fund Contribution		ided to	
<b>Zip</b>	Country	Zip	Cou	ntrv		8. This corporation owes the current			
_	25	29	30	,		Personal Property Tax.	√Ye		⊒No \
24]	9. Name and Address of Current	<del></del>	130			10. Name and Address of New Regi	stered Agent		
_				81	Name				
WAS	SHINGTON, MCKINLEY			82	<u> </u>	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
3990	MAGELLEN TRAIL				Street Ad	ess (P.O. Box Number is Not Acceptable)			
TALL	AHASSEE FL 32303			83					
				Ш				70.0	
				84	City		FL  85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Sta	tutes, the a	bove-i	named co	rporation submits this statement for the pur	pose of changi	ng its r	egistered
office or fi	registered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was	s authorized	וז עם נ	he corpora	tion's board of directors. I hereby accept the	e appointment	as regi	istered
agent. i ai	m tamiliar with, and accept the obligati	ons of, Section 607.0303, i	Tonua Stati	uics.					I .
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	_		signature requi	ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		_		signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		ECTOR	RS IN 12
			OTE: Registered	Agent s	signature requi				RS IN 12
12.	OFFICERS AND	DIRECTORS	OTE: Registered	Agent a	signature requi		ERS AND DIR		
12.	OFFICERS AND	DIRECTORS	DTE: Registered 13. 1.1 TO	Agent a	signature requi		ERS AND DIR		
12. TITLE NAME STREET ADDRESS	OFFICERS AND P WASHINGTON, MCKINLEY 3990 MAGELLAN TRAIL	DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST	Agent a	ADDRÉSS		ERS AND DIR		Addition
12. TITLE NAME	OFFICERS AND P WASHINGTON, MCKINLEY	DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST	TLE AME TREET A	ADDRÉSS		ERS AND DIR	nange	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P WASHINGTON, MCKINLEY 3990 MAGELLAN TRAIL	D DIRECTORS	13. 1.1 TI 1.2 No 1.3 ST 1.4 CI	TLE AME TREET A TY-ST-	ADDRÉSS		ERS AND DIR	nange	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P WASHINGTON, MCKINLEY 3990 MAGELLAN TRAIL	D DIRECTORS	13. 1.1 TF 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST	TLE AME TREET A TY-ST- TLE AME	ADDRESS ADDRESS		ERS AND DIR	nange nange	Addition
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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 attackment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: