## 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** 

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90149 036 \*\*\*158.75

## DOCUMENT # P93000069916

1. Corporation Name

<b>FSP</b>	MANAGEMENT	CORPORATION

EST WWW.AGENERAL SOM STATION		Y &	BALLOW 162 162			
Principal Place of Business	Mailing Address			# #1310 1 <b>3</b> 110 10101 11840 0151 1001		
176 PALM RIVER BLVD NAPLES FL 33963 US	176 PALM RIVER BLVD NAPLES FL 33963 US		470 880 COM 37 Face 20 24 DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 10/04/1993			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	. Applied For		
21 6235 TAYLOR PD.	26 6235 TAYLOR	2 RD	65-0444772	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  23 NAPLES FL	City & State	PRIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 34109 25 U.S.A.	Zip Co	untry OSA	This corporation owes the current year I Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent		
	ST DIFFERENT	82 Street Addre	SS. PORSCHEN SS (P.O. Box Number is Not Acceptable)			
NAPLES FL 33940	ADPESS	83	2 8 8 2 4 6 1			
		84 City	PLES F			
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was authorize	ed by the corporation	ration submits this statement for the purpose or is board of directors. I hereby accept the app	of changing its registered ointment as registered		

SIGNATURE	Cuis. Porceh			equired when reinstating)		5) a / a d	
	Signature, typed or printed name of registered agent and title if applicable		· · · · · · ·		CICHANGES TO OFF	ICERS AND DIRECTOR	2S IN 12
12.	OFFICERS AND DIRECTORS	DELETE	13.			Change	Addition
TITLE	P	LS DECE IE	1.1 TITLE	PRESIDENT	OCCUENT	Xioriange	
NAME	PORSCHEN, ERIC		1.2 NAME	ELIC 2.	PORSCHEN		1
STREET ADDRESS	176 PALM RIVER BLVD		1.3 STREET ADDRESS	6235 TA	YUR ROAT	•	į
CITY-ST-ZIP	NAPLES FL 34110		14 CITY-ST-ZIP	NAPLES,	FL 3410		
TITLE	,	☐ DELETE	2.1 TITLE	•		☐ Change	☐ Addition
NAME			2.2 NAME		•		}
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			<u>'</u>	
TITLE		☐ DELETE	3.1 TITLE		4.	☐ Change	☐ Addition
			3.2 NAME		•		
*:"""			3.3 STREET ADDRESS				
			3.4. CITY-ST-ZIP				
į	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE			^ □ Change	☐ Addition
NAME \			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		,	☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY- ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME		•		· ·
STREET ADDRESS			6.3 STREET ADDRESS				į
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 suppliemental 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: