SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P93000081369 (9)

SEVENTY TEN MANAGEMENT, INC.

FILED Jul 22 1998 8:00am Secretary of State



Principal Plac	a of Rusiness	Mailing Address	- <u> </u>	-{	DION KIDAD NINA DINKE IAKI 1021
				1	
300 SE 5TH AVE 300 SE 5TH AVE BOCA RATON FL 33432 BOCA RATON FL 33432					
DOON HATCH TE GOTGE				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/29/1993	
	lace of Business	2a, Malling Address	O	4. FEI Number	Applied For
	14 MIRASOL WAY		MIRASOL WAY	65-0446680	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
	Zip Country Zip Zip		Country	Trust Fund Contribution	Added to Fees
24 33 4	146 25 U.S.	T 9 9 1/1/ / F-	ω . 2. Δ.	This corporation owes or has paid the curre Personal Property Tax due June 30.	Yes No
24 00	9. Name and Address of Current I	4.5.ind	50	10. Name and Address of New Registered A	
01 None					
000 0P F81 4VF				BARIS, RICHALD	
BOCA RATON FL 33432				ess (P.O. Box Number is Not Acceptable)	v i
BOCA RATON FL 33432 163 14 MIRASOC WAY					
84 City DEIR				RAY BEACH FL	85 Zip Code 33 446
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 Signature, typed or printed name of registered agent and tills (I applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D	Change Addition
NAME	BARIS, RICHARD		1.2 NAME	BARIS, KILMAND	
STREET ADDRESS	320 SE 5TH AVE		1.3 STREET ADDRESS	16314 MIRASOL WAY DELRAY BEACH, FL. 334	13
CITY-ST-ZIP	BOOA RATON FL 33432		1.4 CiTY-ST-ZiP	DELRAY BEACH, FL. 334	46
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		
TITLE	_	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZiP		
TITLE	_	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	·		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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I hereby co	ertify that the information cumplied with the	is filing done not qualify for the	examplian stated in cost	ion 119 07(3)(i) Florida Statutor, I further certify th	at the information

an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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. 7/11/98