## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 16 1998 8:00am

Secretary of State

a arangrafi din aring dilai radih dirih baha baha baha baha baha dirih dirih derda birki bori para

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000086450 (2)

SUTTON PLACE MANAGEMENT, INC.

Principal Plac	e of Business	Ма	iling Address				a tentilans iim injan tidii Abiti Edidi ansisi	maine salan alati mihi	
3640 High Pine DR Coral Springs FL 33065 US			1073 HILLSBORO MILE APT. 1 SOUTH HILLSBORO BEACH FL 33062 US				DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualified 12/17/1993		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	P	φplied For
21		26					59-0454538	<del></del>	lot Applicable
Suite, Apt.	#, <b>9</b> tc.	<b>├</b> ~¬	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & Stat	9	27	City & State					···	lequired
23		28	City & Dialo				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country		Zip	Cou	ıntry	,	8. This corporation owes or has paid th		
24	25	29		30	·		Personal Property Tax due June 30.		∏ No
	9. Name and Address of Curren		ered Agent				10. Name and Address of New Regist	ered Agent	
	KUPFER, PAUL H				81	Name			
1700 UNIVERSITY DRIVE					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071									
					В3				
					84	City		<b>85</b> Zip	Code
44 Duramont	to the provisions of Carliage 607 0507	) and CO	7 1500 Florido Statu	ioo tho a		acmed para	oration submits this statement for the purpo	FL 85 ZIP	in annintered
office or r	egistered agent, or both, in the State	of Florida	a. Such change was	authorize	d by	the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept thi	e appointment a	registered registered
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607,0505, FI	orida Stat	utes	3.			
SIGNATURE	Signature, typed or printed name of registered ager	it and title if	applicable (NO)	E: Registere	ri Age	ent signeture require	od when reinstating) D	ATE	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TI	TLE			Change	Addition
NAME	CIRINO, BARBARA A			1.2 N/	AME	ĺ			
STREET ADDRESS 1073 HILLSBORO MILE, APT.			UTH	1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH FL			1.4 CI	TY-S	T-21P			
TITLE	D		DELETE	2.1 T!				Change	Addition
NAME	CIRINO, JOHN		LOTA	2.2 N/					
STREET ADDRESS	1073 HILLSBORO MILE, APT	. 1 50	UIH			ADDRESS			İ
CITY-ST-ZIP	HILLSBORO BEACH FL		DELETE			ST - ZIP		Change	Addition
title Name			LJ OILEIE	3.1 TI 3.2 N/				€ Unange	☐ ∨namon
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						ST-ZIP			
TITLE			DELET <b>E</b>	4.1 TI				Change	☐ Addition
NAME				4. 2 N	ame			·	
STREET ADDRESS				4.3 ST	REET	ADDRESS			
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP			
TITLE			DELETE	5.1 TI	TLE			☐ Change	Addition
NAME				5.2 NA	ME				
STREET ADDRESS				5.3 ST	REET	ADDRESS			
CITY-ST-ZIP				5.4 Cf		T-ZIP			
TITLE			☐ DELETE	6.1 111				L Change	☐ Addition
NAME				6.2 N/					
STREET ADDRESS				■ 63 ST	REET	ADDRESS I			i i

14. Thereby 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.