

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 # P94000008586

1. Corporation Name

FLETCHER MANAGEMENT, INC.

Principal Place of Business

16822 SW 5TH WAY
FT LAUDERDALE FL 33326
US

Mailing Address

16822 S.W. 5TH WAY
FT LAUDERDALE FL 33326
US

FILED
Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90040 020 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0469647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LAWRENCE, ROSE
12253 S.W. 49 CT
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FLETCHER, HALRIC
STREET ADDRESS 1306 N.W. 125 TERR
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE D
NAME FLETCHER, LYDWEINE
STREET ADDRESS 1306 N.W. 125 TERR
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE D
NAME FLETCHER, RONALD
STREET ADDRESS 395 MALLARD RD
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE D
NAME FLETCHER, EARL
STREET ADDRESS 395 MALLARD RD
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE PD
NAME FLETHCER-LAWRENCE, ROSE
STREET ADDRESS 122253 S.W. 49 COURT
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

TITLE STD
NAME REID, SANDRA
STREET ADDRESS 16822 SW. 5TH WAY
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

305 625-2098

CR2E034 (11/98)