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 # P94000021385

FDN PROPERTY MANAGEMENT, INC.

	<u> </u>						}				
Principal Place	of Business		Mailing Addres								
6865 SW 18TH ST			6865 SW 18TH ST								
#10		,	#10 BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE				
BOCA RATON FL 33433 US			US				3. Date Incorporated or Qualifed				
UU							03/17/1994				
2 Principal Dis	ace of Business		2a. Mailing Add	dress			4. FEI Number			Applied For	ą.
-	ace of Dualifeas		26				65-0476773	' · ·		Not Applicable	
Suite, Apt. 4	#. etc.		Suite, Apt.	#, etc.				us Desired	— —	Additional	٠.
22			27				5. Certifcate of Statu	us Desired 🗀	Fee	Required	
City & State	9		City & Stat	te			6. Election Campaig	n'Financing	· - · -	0 Мау Ве	
23			28				Trust Fund Contri	ibution		d to Fees	
Zip ,	- Co	ountry	Zip		Country			owes the current year In			
24	25		29	30	<u> </u>		Personal Property		Yes	□No	
	9. Name and A	ddress of Current R		ıt			10. Name and Addre	ess of New Registered	Agent		
		The Thirth State William	ave a visit year		81	Name		•			
	LIO, FRANK				82	Street Addr	ress (P.O. Box Number is	s Not Acceptable)			
	SW 18TH ST						कार अध्यक्षक । स्टब्स, अस्तरणा	Transcondition	1	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
#10	A DATON CLOO	122			83						
ROC	A RATON FL 334	, 33			84	City	<u> </u>			p Code	
A			050 0 F 1 9			1				its assistanted	
	to the provisions of	Sections 607.0502	and 607.1508, Flo	orida Statutes, t	the abovi	e-named corp	poration submits this state ion's board of directors. I	ement for the purpose o hereby accept the appo	intment as	registered	
11. Pursuant				ande was allino	anzed by	the comprati					
	egistered agent, or m familiar with, and	accept the obligation	ns of, Section 60								
office or readent. Fai	m familiar with, and	raccept the obligation	iis di, decadii oo	7.0505, Florida	Statutes	3.	• _			<u>~</u>	
office or readent. Fai	m familiar with, and	d name of registered agent a	nd title if applicable.	7.0505, Florida	Statutes	3.	ed when reinstating)	DATE			
office or reagent. Fail SIGNATURE	m familiar with, and	raccept the obligation	nd title if applicable. DIRECTORS	(NOTE: Reg	Statutes pistered Ager	3.	ed when reinstating)/_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		ND DIREC	TORS IN 12	14.500
office or read agent, I ai	Tamiliar with, and Signature, typed or printe	of FICERS AND	nd title if applicable. DIRECTORS	7.0505, Florida	Statutes sistered Ager 13.	3.	ed when reinstating)	DATE		TORS IN 12	100/11/10
office or reagent. Fail SIGNATURE	Signature, typed or printe P NAVILIO, DANII	OFFICERS AND	nd title if applicable. DIRECTORS	(NOTE: Reg	Statutes Statutes 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)/_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	DATE	ND DIREC	TORS IN 12	004 (44,00)
office or reading agent, Fair SIGNATURE 12.	Signature, typed or printe P NAVILIO, DANII 6865 SW 18TH	of registered agent at OFFICERS AND	nd title if applicable. DIRECTORS	(NOTE: Reg	Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signatura require	ed when reinstating)/_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	DATE	ND DIREC	TORS IN 12	20TO04 (44,00)
office or reagent, Fair SIGNATURE 12. TITLE NAME	P NAVILIO, DANII 6865 SW 18TH BOCA RATON	of registered agent at OFFICERS AND	nd title if applicable.	(NOTE: Reg	Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signatura require	ed when reinstating)/_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	DATE	ND DIREC	TORS IN 12 e Addition	(000 77 700)
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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 attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90031 042 ***150.00