

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:59

DOCUMENT # **P94000022426 (8)**

DANDI MANAGEMENT, INC.

Principal Office Address: 2215 S. FEDERAL HWY FORT LAUDERDALE FL 33316		Mailing Address: 2215 S. FEDERAL HWY. FORT LAUDERDALE FL 33316	
		(Do Not Write in This Space)	
2. Principal Office of Incorporation		3a. Date of Last Report 03/23/1994	
2a. Mailing Address		4. FIC Number 65-0491471	
21. Number of Shares	26. Number of Shares	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22. State of Incorporation	27. State of Incorporation	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23. City & State	28. City & State	8. The corporation has liability for intangible tax under the provisions of Florida Statute ☒ Yes ☐ No	
24. City & State	29. City & State	30. City & State	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURTON, CHARLES E 2000 W. COMMERCIAL BLVD. SUITE 114 FT. LAUDERDALE FL 33309		01. Name	
		02. Street Address (P.O. Box Number, if Not Acceptable)	
		03. City	
		04. State FL 05. Zip Code	
11. Pursuant to the provisions of Sections 217.01 and 217.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal office of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and understand the duties of a registered agent under Florida Statutes.			
SIGNATURE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D SCHIFFMAN, ROBIN 2. ADDRESS 2215 S. FEDERAL HWY. FORT LAUDERDALE FL 33316		1. NAME 2. ADDRESS	
3. NAME 4. ADDRESS		3. NAME 4. ADDRESS	
5. NAME 6. ADDRESS		5. NAME 6. ADDRESS	
7. NAME 8. ADDRESS		7. NAME 8. ADDRESS	
9. NAME 10. ADDRESS		9. NAME 10. ADDRESS	
11. NAME 12. ADDRESS		11. NAME 12. ADDRESS	
13. NAME 14. ADDRESS		13. NAME 14. ADDRESS	
15. NAME 16. ADDRESS		15. NAME 16. ADDRESS	
17. NAME 18. ADDRESS		17. NAME 18. ADDRESS	
19. NAME 20. ADDRESS		19. NAME 20. ADDRESS	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 217.01(1), 217.02(1), Florida Statutes. I further certify that the information included on the 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 eligible to act as a director of the corporation or the removal or transfer of my name from the record of this report as required by Chapter 1407, Florida Statutes, and that my name appears on Block 12 or Block 13, as required, on an attachment with an address.			
SIGNATURE: <i>Robin Schiffman</i>		5-1-95 805-764-2561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			