

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90083 022 ***150.00

DOCUMENT # P94000040052

1. Corporation Name

WAYNE MANAGEMENT, INC.

Principal Place of Business

1621 CARIBBEAN DR
BLDG E SUITE C
SARASOTA FL 34231
US

Mailing Address

PO BOX 3319
SARASOTA FL 34230
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number
65-0493210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 777 Yamato Rd.

Suite, Apt. #, etc.

22 Suite 111

City & State

23 Boca Raton, FL

Zip Country

24 33431

25 Palm Beach

2a. Mailing Address

26 17968 Fieldbrook Circle, S

Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33496

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

WOOLF, JARED
1621 CARIBBEAN DR
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

WOOLF, Jared

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

17968 Fieldbrook Circle, South

83

84 City

Boca Raton

FL

85 Zip Code

33496

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 *Jared Woolf* *Jared Woolf, president*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/25/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME WOOLF, JARED W
STREET ADDRESS 1621 CARIBBEAN DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

P
WOOLF, Jared W
17968 Fieldbrook Circle, South
Boca Raton, FL 33496

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Jared Woolf* *Jared Woolf*

Signature and typed or printed name of signing officer or director

3/25/99

Date

(561) 997 8256

Daytime Phone #

04/01/99

CR2E034 (1/1/98)