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 # **P94000043521**1. Corporation Name

AANTSME MANAGEMENT, INC.

Principal Place of Busin	ess
115 MADKS ST	

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

02-15-1999 90014 040 ***150.00



Principal Plac	e of Business	Mailing Address				1 18911591 17# 72:11 SINII DOIL BOLL POLIT COLL			
115 MARKS ST. 115 MARKS ST. ORLANDO FL 32803 ORLANDO FL 32803					DO NOT WRITE IN TH	IS SPACE			
					-	3. Date Incorporated or Qualifed 06/10/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-3259659		t Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year			
24	25		30	τ		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent		04 11		10. Name and Address of New Registere	d Agent	·	
9460	POLIALI DVDD E ID			81 Name					ļ
GRA	ISHALL, BYRD F JR. Y, HARRIS & ROBINSON, P.A.					dress (P.O. Box Number is Not Acceptable)			
	E. PINE STREET, SUITE 1200			83					
ORL	ANDO FL 32801			84 City			85 Zip (Code	l
				′		F	L		
office or I	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was au	thonzed	or the comp	corpora coration's	ntion submits this statement for the purpose s board of directors. I hereby accept the app	or changing its ointment as re	gistered	
SIGNATURE		A Site if applicable (NOTE)	Danietored	Agent signature	required wh	pen reinstating) DATE		i	١.
42	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	- Agent aigneture	10441104 117	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
12. TITLE	D	☐ DELETE	1.1 TI	TLE	Τ		Change	Addition	
NAME	WILSON, CHARLES H		1.2 N	AME					Ĺ.
STREET ADDRESS	AAE AAABKO OT		1	TREET ADDRESS].				
	ORLANDO FL 32803			TY-ST-ZIP					
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 T				Change	Addition	ľ
NAME	MCINTYRE, THOMAS		2.2 N	AME					ĺ
	A4E MADICO OT			TREET ADDRESS				ļ	
STREET ADDRESS	ORLANDO FL 32803			CITY-ST-ZIP					
CITY-ST-ZIP TITLE	CHEMIDO LE GEGGG	☐ DELETE	3.1 TI				☐ Change	Addition	
	t .		3.2 N	AME				<u>.</u>	
NAME STREET ADDRESS			1	TREET ADORESS		, , , , , , , , , , , , , , , , , , , ,		المحادا	
				CITY-ST-ZIP					
CITY-ST-ZIP-		☐ DELETE	4.1 TI			1	Change	Addition	
NAME			4.2 N	IAME			-		
STREET ADDRESS			4.3 S	TREET ADDRESS	:			,	i
.'				ITY-ST-ZiP				İ	١
CITY-ST-ZIP TITLE		☐ D€LETE	5.1 TI		†		☐ Change	Addition	
NAME			5.2 N			·			
STREET ADDRESS			5.3 S	TREET ADDRESS	;			1	Ì
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP					
TITLE		☐ DELETE	6.1 T	TLE	1		Change	Addition	
NAME			6.2 N	AME	1				1
STREET ADDRESS			6.3 S	TREET ADDRESS	s				

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 against an address with all other like empowered. THOMAS E. MCINTYRE

SIGNATURE: