FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



IT ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

FILED Mar 19 1998 8:00am Secretary of State

	MENT # P94000 OUP MANAGEMENT, INC.	058165 (9)			
Principal Place of Business Mailing Address			<u></u> -		OI 12104 MAIO AMAI AMI 1881
1400 E. OAKLAND PK BLVD		1400 E. OAKLAND PK BLVD			
SUITE 100		SUITE 100		DO NOT WRITE IN THIS	ODAOE
FT LAUDERDALE FL 33334 US		FT LAUDERDALE FL 33334 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
00		Ų0		08/05/1994	Ì
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0507644	Not Applicable
Suito, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ ₁ p	Country 30	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible Yes No
24)	9. Name and Address of Current			10. Name and Address of New Registered	
LAVENDER, JOEL R			81 Name		
507 SE 11 CT		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33316					
			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					
office or re agent Lai	egistored agent, or both, in the State on familiar with, and accept the obliga	of Florida, Such change was au tions of, Section 607 0505, Flor	uthorized by the corpo ida Statutes.	ration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	, , ,	•			1
	Signatore, typica or pentrol came of requirement agen		Flegistered Agent signature re		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	COBO, JOSEPH M	L. Dettere	1.2 NAME		C change C rookshi
1	STREET ADDRESS 1400 E. OAKLAND PK BLVD 100		1.3 STHEET ADDRESS		1
CITY - ST - ZIP	FT. LAUDERDALE FL	••	1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		İ
CTTY-ST-ZIP			2 4 CITY-ST-ZIP	ř	
TITLE		☐ DECETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3 4. CITY-ST-ZIP		Change Addition
[[E precit	1		C outlings C Montroll
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		}
TITLE		DELETE	51 TITLE		Change Addition
NAME		-	5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
DITY-\$1-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP	0.0000000000000000000000000000000000000	
14. I hereby o	cortify that the information supplied with	h this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes, I further of	ertity that the information

14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the gogever 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 op an attractment with an address.

SIGNATURE

PETI OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone # 03012