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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061454 (2)

JOSH MANAGEMENT, INC.

Principal Place of Business Mailing Address 1900 NE 16TH TERRACE 1800 NE 16TH TERRACE FT LAUDERDALE FL 33305-3227 FT LAUDERDALE FL 33305 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1994 04/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0527473 Not Applicable 21 26 Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 2_{iD} Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes | 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 BIZZARRO, DEBORAH L 2419 E. COMMERECIAL BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 302 83 FT. LAUDERDALE FL 33308 84 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) Sign in all hyproportion metal name of registered agent and the if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELETE 1.1 TITLE ☐ Change ■ Addition TILLE ROBERT W. JOHNS 12 NAME NAME 1900 NE 18TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP C(TY-ST-7)P DELETE ☐ Change Addition TITLE 2.1 TITLE CRAIG P. SHIPLE 2.2 NAME NAME 840 SE 13TH CT 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL City - \$1 - ZiP 2 4 CITY-ST-ZIP Change Addition DELETE THLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY-ST-ZiP CITY-SI-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP City - St - ZiP Addition TRUE DELETE 6.1 TITLE Change

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 Fam 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attach

NAME

STREET ADDRESS

CITY-ST-7E

CHATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

2/22/97 9549283419

FILED

Feb 27 1997 8:00am

Secretary of State