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

**PROFIT** CORPORATION ANNUAL-REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000092009 (7)

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F.J. MANAGEMENT, INC.

Principal Place of Business 7900 GLADES ROAD **BOCA RATON FL 33434** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

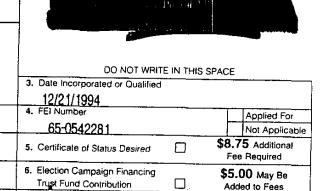
Zip

Suite, Apt. #, etc.

7900 GLADES ROAD **BOCA RATON FL 33434** 

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90285 028 \*\*\*150.00



This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10 Name and Address of New Poplets AZ REGISTERED AGENT CORPORATION

Country

2601 SO. BAYSHORE DRIVE STE. 1600 **MIAMI FL 33133** 

Country

81	Name	or new neglistered A	gen	
82	Street Address (P.O. Box Number is No	Acceptable)		
83				
84	City	<del></del>	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 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.

	and accept the obligations of, Section 607.	0505, Florida Statutes.			,р цр	pontinon ac	a registered
SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent s	ignature required when reinsta	ating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDI	TIONS/CHANGES		D DIRECTOR	PS IN 12
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STREET ADDRESS		6.3 STREET ADDR	ESS				1
CITY-ST-ZIP		SACITY ST 710	-	•			
14. I hereby c	ertify that the information supplied with this filing does not q	ualify for the exemption	Stated in Section 119	07(3)(i) Florida Ci	olutos I furbos	-tf the table	

officer or director of the corporation of the recording to the recording t 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 allow or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR