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.₽ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000005220

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90160 039 ***150.00

· · · · · · · · · · · · · · · · · · ·	MANAGEMENT, INC.						
Principal Place	e of Business	Mailing Address					
19820 NW 4 ST 19820 NW 4 ST			•				
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029			9		DO NOT WRITE IN THIS SPACE		
			•		3. Date Incorporated or Qualifed		
i					01/20/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For
21		26			65-0551886		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	I .
22		City & State			6 Flatin Consults Financia		
City & State City & State				-	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	у	This corporation owes the current year		
24	25	<u> </u>	30	•	Personal Property Tax.	☐Yes	DXNo
	9. Name and Address of Current		1		10. Name and Address of New Register	ed Agent	
RI A	,		81	1 Name			
BLACK, DELORES 19820 NW 4 ST			82	2 Street Ad	Address (P.O. Box Number is Not Acceptable)		
	IBROKE PINES FL 33029		83	3			
			Ľ			·	
!	•		84	4 City	F	EL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s the abov	ve-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap		registered
office or r	registered agent, or both, in the State o	of Florida. Such change was au	itnonzea by	y tne corpora	ition's board of directors, I hereby accept the ap	politiment as re	gistered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statute	S.	•		
agent. I a	am tamiliar with, and accept the obligati	ions or, Section 607.0505, Fibri	ida Statute:	5.			
agent. I a SIGNATURE	am ramiliar with, and accept the obligati	and title if applicable. (NOTE:	Registered Age	5.	ired when reinstating) DATE	<u></u>	
agent. I a SIGNATURE 12.	am tamiliar with, and accept the obligati	and title if applicable. (NOTE:	ida Statute:	5.		<u></u>	
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age	s. ant signature requ	ired when reinstating) DATE	AND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ant signature requ	ired when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P BLACK, DELORES	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ant signature requi	ired when reinstating) DATE	AND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P BLACK, DELORES 19820 NW 4 STREET	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ant signature requi	ired when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P BLACK, DELORES 19820 NW 4 STREET	and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ant signature requ T ADDRESS ST-ZIP	ired when reinstating) DATE	AND DIRECTO	DRS IN 12
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P BLACK, DELORES 19820 NW 4 STREET PEMBROKE PINES FL 33029	and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	s. ant signature requ T ADDRESS ST-ZIP	ired when reinstating) DATE	AND DIRECTO	DRS IN 12
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P BLACK, DELORES 19820 NW 4 STREET PEMBROKE PINES FL 33029	and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ent signature requient signature	ired when reinstating) DATE	AND DIRECTO Change	DRS IN 12
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14. 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 of 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: