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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021844 (2)

NORTHSTAR MANAGEMENT COMPANY, INC.

FILED Jan 23 1997 8:00am Secretary of State



| Principal Plac | e of Business | Mailing Address | | | | | | | |
|--|---|---|----------------------------|---------|----------------------|---|---------------|-------------------------|------------------------|
| 6191 HOOK LANE 6191 HOOK LANE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437-4175 | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 03/17/1995 | 1 | te of Last F 19/1996 | Report |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | | pplied For |
| 21 | | 26 | | | | 65-0572487 | | N | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | ~ | Additional lequired |
| City & Stal | ha | City & State | | | | | . | | |
| 23 | 11.5 | 28 | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation has liability for | intangible : | | |
| 24 | 25 | 29 | 30 | | | |] Yes [| | |
| | g. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | |
| WU | irtenberger, Kenneth P | | | 81 | Name | | | | |
| ATLAS,PEARLMAN,TROP, & BORKSON | | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptat | ole) | | |
| |) e las olas blyd suite 1900 Lauderdale fl 33301 |) | | 83 | | | | | |
| '' | CVORTIDATE I F 2000 I | | | | | | | 7-1 - | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| 11, Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Stat | tutes, the a | bove | -named corpo | oration submits this statement for the | ournose of | changing | its registered |
| office or | registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change was rations of Section 607 0505. I | s authorize Florida Sta | d by | the corporation | on's board of directors. I hereby acce | ot the appo | pintment as | s registered |
| , | an retined with and decopitate stang | janona or, occitori cor acces, i | i ionoa ola | 10100 | • | | | | |
| SIGNATURE | Signature. Typed or proved harrie of logistered ag | jent and title 1 applicable. (N | IOTE Registere | d Age | nt signature require | d when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | CERS AND | DIRECTO | RS IN 12 |
| TITLE | D | DELETE | 11 T | ITLE | | | | Change | Addition |
| NAME | DOBBIN, MITCHELL | | 1.2 N | AME | Dr | bbin, Harjory | | | |
| STREET ADDRESS | 7063 SIENA COURT | | 1.3 \$ | TREET. | ADDRESS | 200,111 | | | |
| CITY-S1-ZIF | BOCA RATON FL | | 1.4 0 | ITY-S1 | T- ZIP | | | | |
| TITLE | D | DELETE | 2.1 T | | | | | Change | Addition |
| NAME | ETTINGER, DAVID | | 2.2 N | AME | | | | | |
| STREET ADDRESS | 21873 TOWN PLACE DR | | 235 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2 4 0 | CITY-S | it - ZIP | Ú., | · · · | | |
| TITLE | | DELETE | 3.1 T | | | | | Change | Addition |
| NAME | | | 3.2 N | IAME | } | | | | |
| Street address | | | | | ADDRESS | | | | |
| City-St-ZiP | | | | CITY-S | | | | | |
| TITLE | | DELETE | 4.1 T | | | | | Change | Addition |
| NAME | | ••• | 1 | NAME |] | | | - | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | ITY - S | 1 | | | | |
| TITLE | | DELETE | 517 | | | | | Change | Addition |
| NAME | | _ | | IAME | | | | _ • | _ |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-7:P | | | | ITY-SI | ŀ | | | | |
| TOTLE | <u> </u> | DELETE | 617 | | | | | Change | Addition |
| NAME | | _ : | 6.2 N | | | | | | |
| STREET ADORESS | | | - 1 | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | | | | | |
| CIII-51-2H | 1 | 1 21 11 22 | ■ b.4 C | ITY - S | 1-ZIP | 1- C | 16.45 | 414 . 11 | |

I do hereby certify that the information supplied with this filling 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 eport 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 Impowered 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.

SIGNATURE:

MATLIRE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H. Ethinger 1-14-97 561-738-7990