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

Mailing Address

SUITE 1204

520 BRICKELL KEY DR.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026581

Principal Place of Business

520 BRICKELL KEY DR.

OTSK MANAGEMENT, INC.

SUITE 1204 MIAMI FL 33131		SUITE 1204 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE			
MIAMI IL 331		WIN 12 55-5.			3. Date Incorporated or Qualifed 03/15/1995			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		L A	pplied For
21		26			65-0580715			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Desired		
22) —			City & State		6. Election Campaign Financing		\$5.00	May Be
City & Sta		28			Trust Fund Contribution		Added	to Fees
Zip 24	Country	Zip	Count	ry	This corporation owes the currer Personal Property Tax.		Yes	□No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered /	Agent	·
		E 39	8	Name				
RE	ynolds, keith a		_		(D.O. D. M. whise is Met Accordab	<u></u>		
520 BRICKELL KEY DR.				2 Street Address (P.O. Box Number is Not Acceptable)				
				33		-		
SUITE 1204 MIAMI FL 33131				~	ta t	<i>d</i>	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				34 City	,	FL	. `	Code
office of agent. I	r registered agent, or both, in the Sta am familiar with, and accept the obl				poration submits this statement for the poon's board of directors. I hereby accept		changing it ntment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered A	gent signature requir		DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PT	☐ DELETE	1,1 TITL	E			Change	Addition
NAME	REYNOLDS, KEITH A		1.2 NAM	IE				
	THE PROPERTY WENT PORTE !	1-1204	1.3 STR	EET ADDRESS				
STREET ADDRES		(120 T		-ST-ZIP				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.1 TITL			-	Change	Addition
TITLE	VS	Detere					_ •	
NAME	REYNOLDS, TERRI		2.2 NAM					
STREET ADDRES	s 520 BRICKELL KEY DRIVE A	\-1204	2.3 STR	EET ADDRESS	•	7	. 91	
CITY-ST-ZIP	MIAMI FL		_	Y-ST-ZIP			☐ Change	e
TITLE	228. 1	DELETE	3.1 TITL	E			☐ Criange	Addition
NAME .	The production of the second o		3.2 NAM	KE	•			
STREET ADORES	SSV-		3.3 STR	EET ADDRESS			•	
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	4.1 TITL	.E		•	Change	Addition
NAME			4. 2 NA					
STREET ADDRES	ss		4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	E			☐ Change	e 🔲 Addition
NAME			5.2 NAN	Æ				
STREET ADDRES	200		5.3 STR	EET ADDRESS				
	33		5,4 CIT	Y-ST-ZIP				
CITY-ST-ZIP	+ ***	☐ DELETE	6.1 TITL				Change	e 🔲 Addition
TITLE			6.2 NAA					
NAME								
*******			■ 6.3 STR	REET ADDRESS				

6.4 CITY-ST-ZIP

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90067 032 ***150.00

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 or 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 atjachment with an address, with all other like empowered. 305 358-8080

SIGNATURE: