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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

- I COMPLEMA DEN TOPAT BALLA MARTIA ALBARA BARRA MARTAL ATRIA DERRA TARRA TARRA BARRA PARA PARA PARA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052707 (3)

GET MANAGEMENT, INC.

SIGNATURE:

3211 PONCE #201	ace of Business E DE LEON BLVD. BLES FL 33134	3211 PO #201	Mailing Address 3211 PONCE DE LEON BLVD. #201 CORAL GABLES FL 33134-7274							
							 Date Incorporated or Qualified 07/10/1995 		ite of Last R 12/1996	eport
	l Place of Business	2a. Maili	ing Address				4. FEI Number		Ar	plied For
21		26					65-0596056			t Applicable
22	ot #, etc	27					5. Certificate of Status Desired See Required Fee Required			
City & St 23	tate	City 28	& State			711	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25	29		30 Cou	intry		8. This corporation has liability for Florida Statutes		tax under s	. 199.032,
	g, Name and Address of Cu	irrent Registered	Agent				10. Name and Address of New Re	gistered	Agent	
G	ULISANO, GEORGE A				81	Name				
3211 PONCE DE LEON BLVD.					82	Street Add	fress (P.O. Box Number is Not Acceptate	ole)		
#201						2,.20(7,00	- 10 to the state of the state			
C	ORAL GABLES FL 33134				83					
					84	City			85 Zip	Code
								FL		
office o	int to the provisions of Sections 607 or registered agent, or both, in the \$ I am familiar with, and accept the c	State of Florida, Su	ich change was	authorize	d by	the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose o pt the app	r changing it ointment as	s registered registered
SIGNATUR		A three and the design	ALC ALC	NE Carles	- A A		uired when reinstating)	DATE		
12.	Signature, typed or printed name of register OF FICE RS	STAGEN: SOUTH TAPPER AND DIRECTORS		13.	a Age	ent signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	PD	THE DIVISION	DELETE	1.1 T(TLE	····	ADDITIONS/OFFICIAL TO OFFIC	JETTO PITTE	Change	Addition
NAME	REISS, EDWARD M			1.2 N		Ì				
STREET ADDRES	2011 DONCE DE LEON DI	.VD. #201				ADDRESS				
CITY - ST - ZIP	CORAL GABLES FL 33134	Ļ				IT- ZIP				
TITLE STITE	SVD	···-	DELETE	2.1 7		1-21			Change	Addition
NAME	CHADDERTON, TREVOR E	}		22 N			•			_
STREET ADDRES	2011 DONCE DE LEON DI					ADDRESS				
CITY - ST - ZIP	CORAL GABLES FL 33134			1		ST-ZIP				
TITLE	VTD		DELETE	3111		5. En			Change	Addition
NAME	GULISANO, GEORGE A			32 N		ļ				_ ==
STREET ADDRES	ANTI DONCE DE LEON DI	VD. #201		1		ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134					ST-ZIP				
TITLE			DELETE	4.1 TI		v · 4.0			Change	Addition
NAME				4.21			•.			
STREET ADDRES	CC .					ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	5.1 Ti		1-61		·····	Change	Addition
NAME				5.2 N		Ì				
STREET ADDRES	ce					ADDRESS	1			
	33									
CITY-ST-ZIP TITLE			DELETE	6.1 T		ST - ZIP			☐ Change	Addition
NAME			Las Section	6.2 N		ľ			5,6,190	
164MIL	1			■ U.Z N	ANIL.					
STREET ADDRES	ec				TOCC	ADDRESS				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fiting 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 attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR