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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061200

OTTERMAN MANAGEMENT INCORPORATED

Principal Place of Business

Mailing Address

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90082 008 ***158.75



2617 US 27 SO SEBRING FL 33		2617 US 27 SOUTH SEBRING FL 33870		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed 08/07/1995	10
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2926	SPARTA KOAD	26 2926 SPART	A ROAD	65-0600912	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	- 10 []	City & State 28 SEBRING, FA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 338	Country 25	Zip 29 3.3872 30	Country	This corporation owes the current year Into Personal Property Tax.	angible ☑ Yes ☐ No
2-7	9. Name and Address of Current	 		10. Name and Address of New Registered	Agent
OTTERMAN, JAMES K 2617 US 27 SOUTH 81 Name RICHARD A. OTTERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 2926 SPARTA ROAD					
SEBI	RING FL 33870		83		
4			84 City	BRING FL	85 Zip Code 33870
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation aboard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE RICHARD A. OTTERMAN Y 199					
12. 🚁	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PST	⊠ DELETE	1.1 TITLE	DNC	☐ Change Addition ÷
NAME	OTTERMAN, JAMES K		1.2 NAME	RICHARD A. OTTERMAN	, 2
STREET ADDRESS	2617 US 27 SOUTH	·	1.3 STREET ADDRESS	2926 SPARTA ROAD) [2]
CITY-ST-ZIP	SEBRING FL 33870		1.4 CITY-ST-ZIP	SEBRING FL 33872-5388	3
TITLE		☐ DELETE	2.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition C
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
FITLE →			3.1.TITLE		☐ Change ☐ Addition
NAME		. ,	32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	·	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		i	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME :	}		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP		į	5.4 CITY+ST-ZIP		
TITLE	-	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
A DILICE MACHINESIS	İ				

14. I 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 suppliemental 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, with all other like empowered.