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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90202 030 ***150.00

1999

Principal Place HASVANDO BU 4445 N. A1A. S VERO BEACH I	ANAGEMENT, INC. e of Business ILDING UITE 200 L 32963 lace of Business #, etc.	Mailing Address HASVANDO BUILDING 4445 N. A1A. SUITE 200 VERO BEACH FL 32963 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State				DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 01/01/1996 4. FEI Number 65-0679438 5. Certifcate of Status Desired 6. Election Campaign Financing	IS SPACE April No. \$8.75	oplied For ot Applicable Additional equired
		28				Trust Fund Contribution	Added	io Fees
Zip 24	· —		Country		ĺ	 This corporation owes the current year I Personal Property Tax. 	ntangible Yes	□No
24	9. Name and Address of Current		<u>*</u>			10. Name and Address of New Registere	d Agent	
			81	Name				
MOORE, JOHN E. III			82	Street	Address (P.O. Box Number is Not Acceptable)			
756 BEACHLAND BLVD VERO BEACH FL 32963			83					
VLI!	DEACHTE GESCO		0.3					
			84	84 City FL 85 Zip Code				Code
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's board 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								gistered
TITLE	OFFICERS AND DIRECTORS PD DELETE		1.1 TITLE	13.		ADDITIONS/OFFICE TO STATE TO	Change	Addition
NAME	-			1.2 NAME			_	
STREET ADDRESS			1.3 STREET	1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-S1	1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE	2.1 TITLE			☐ Change	☐ Addition
NAME.	GRIMM, SVEN		2.2 NAME		ļ			
STREET ADDRESS	WAGENMANNSTEIGE 19, D 73760			2.3 STREET ADDRESS				
CITY-ST-ZIP	OSTFILDERN GE		2.4 CITY-S	T-ZIP	~ /		Change	Addition
TITLE			3.1 TITLE		SC	anne E. Alexander 45 N. AIA, Suite 200	hange	D ■ ddition
NAME	OCEN, HODEN C		3.2 NAME	3.3 STREET ADDRESS		ICN. AIA, SuitedOO		
STREET ADDRESS	3000 TOWN CENTER, SUITE 20	90	ľ		1)6	Ro Beach, FL 329	43	
CITY-ST-ZIP TITLE			3.4. CITY-S 4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- \$1	ZIP 1				
TITLE	DELETE 5.		5.1 TITLE			•	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET		Ì			
CITY-ST-ZIP			5.4 CITY-ST	ZIP		, , , , , , , , , , , , , , , , , , ,	[7] Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition (
NAME .			6.2 NAME	ADDOCOC				
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP			6.4 CITY-ST	-ZIP				

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 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, with all other like empowered.

SIGNATURE: