## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000095492 (1)

VIKING MANAGEMENT GROUP CORP.					
rincipal Place of 4201 NORTH OC BOCA RATON F	EAN BLVD., SUITE 1407	Mailing Address 4201 NORTH OCEAN BLV BOCA RATON FL 33431	D., SUITE 1407	) 1881/885 JE (6:6) print Spire Early April 2010 (4:4) print Area (4:4)	
				3. Date Incorporated or Qualified 3a. 12/18/1995	Date of Last Report
Principal Plac	e of Business	2a. Mailing Address		4. FP! Number 01:2 CQ SY	Applied For  Not Applicable
		26		65-0073 831	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Ch. I Chata		Oty & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intanging Florida Statutes Yes	ne tax unger si 199.032, lo
	9. Name and Address of Cu	29	30	10. Name and Address of New Register	
343 ALME	FIRM OF LAWRENCE J SPI RIA AVENUE ABLES FL 33124	1	81 Nam A 82 Street Add 83 84 City O	ress (P.O. down Number is Not Acceptable)  A Article Statement for the purpose and of directors. Thereby accept the appointing	FL 85 33005/ of changing its registered office
or registere familiar with IGNATURE		Florida Sach change was aumonz Rection 607.0505, Florida Statutes	SCLDA file conhoration a nor	Contraction of Contract	-10-9b
2.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
īLf	PSTD	☐ DELETE	1 17/16		
AME	VINNIK, DANIEL M 4201 NORTH OCEAN BLV	D SUITE 1407	1.2 NAME 1.3 STEEFT ACORESS		
FREE I ACORESS	BOCA RATON FL 33431	D., OSTIL 1107	1.4 CITY - \$1 - ZIP		
ITY - ST - ZIP		DELETE	2 1 TITLE		Change Addition
AME			2.2 NAME		
TREET ADDRESS			2.3 STREET ADDRESS		
iTY-S1-ZIP		☐ D€LETE	2 4 C(TY - ST - Z(f) 3 1 T/(Lf)		Change Addition
ITLE IAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIF		Change Addition
ITLE		☐ DELETE	4 1 TITLE		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST ZIP		
CITY -S1 -ZIP	<u> </u>	DELETE	5 1 TilleF		Change Addition
TITLE			5.2 NAMÉ		
NAME CTOSET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CiTY - ST - ZIF		Change
City - ST - ZIP Title		DELETE	6 1 TifLE		Change Maddition
NAME			62 NAME		
STREET ADDRESS		^	6 3 STREET ADORESS		
CITY-ST-ZIP			64 C-TY - ST - ZP	fy for the exemption stated in Section 19.07(	3)(k), Florida Statutes. I further
certify the	by certify that the information sur at the information indicated that t Lam an officer or directly of the in Block 12 or Block 13 if change	ippled with this tiling by voluntarity in istar Ludi report of stypplemental in Judy potation or the receiver of trus Judy or Judy an algorithment with an ac	indal report is full, and acc lee empowered to execute	fy for the exemption stated in Section 1950rd, curate and that my signature shall have the san this report as required by Chapter 607, Florid	ne legal effect as if made unde a Statutes; and that my name
SIGNA	TURE:	YPED OF PRINTED NAME OF SIGNING OFF	ICER OR FIRECTOR		District Priorie #