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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600001085 (5)

FILED Jan 28 1998 8:00am Secretary of State

	NAGEMENT COMPANY, IN	C.			
Principal Plac	ce of Business	Mailing Address		i ambridde bid idira dirin dhell ghill	1 aatt, natti balat linti nutai läidi oiti 1881
5176 NW 99TH WAY CORAL SPRINGS FL 33076 5176 NW 99TH WAY CORAL SPRINGS FL 33076				DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	E IN THIS STACE
				12/27/1995	
2. Principal F	Place of Business	2a. Malling Address		4. FEI Number	Applied For
21		26		65-0628065	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25 9, Name and Address of Currel	29	30	Personal Property Tax due June	
		it Registered Agent	B1 Name	10. Name and Address of New Ro	egistered Agent
OCHMAN, MELVIN					l
5176 NW 99TH WAY CORAL SPRINGS FL 33076			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
•	CONAL SPRINGS FL 330/6		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Stat	utes, the above-named corr	poration submits this statement for the	nurrose of changing its registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was	s authorized by the corporat	poration submits this statement for the plion's board of directors. I hereby acce	pt the appointment as registered
	art reasonar with, and accept the oblig	alions of, obcholi oor.coop, i	iona sialules.		
SIGNATURE	Signature, typod or printed name of registered age	ent and title if applicable (No	OTE Registered Agont's gnature requir	red when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	Р /Т	☐ DELETE	1.1 TITLE		Change Addition
NAME	BERMAN, MELVIN		1.2 NAME		
STREET ADDRESS	5176 NW 99TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33078		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, ENID		2.2 NAME		
STREET ADDRESS	5176 NW 99TH WAY		23 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL 33076	DELETE	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME PERCET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4.1 TITLE		L Change L Addition
STREET ADDRESS			4.2 NAME		ļ
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		ET Outside ET Variation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		Contract of the Contract of th	6.2 NAME		C C.m.go C Fadilion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-ZIP		1
	ertify that the information supplied wi	ith this filing does not qualify		Section 119.07(3)(i). Florida Statutes, L	further certify that the information

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 furstee 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: has brown

Melvin Berman

1/31/08 054-345-5415

CR2E034 (10/97)