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 # P9600002280

MAURY MANAGEMENT GROUP, INC.

Principal Place	of Puninger	Mailing Address			- I (ONI (ADDI 118 I ALEA NA 118 BOLLI A	INIIL HOIIT BAISI NAISA SININ 11801	täitt abut taat
	Solitan State Control of August 1997	PO BOX 163108					
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MIAMI FL 33143		US .			3. Date Incorporated or Qualifed	RITE IN THIS SPACE	·
US					- I 70		,
L		A Addison Addison			01/08/1996 4. FEI Number	i I An	plied For
	ace of Business	2a. Mailing Address			65-0634784	· · · · · · · · · · · · · · · · · · ·	t Applicable
21	<u> </u>	Suite, Apt. #, etc.				\$8.75	
Suite, Apt.	#, etc.	├ ¬			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6, Election Campaign Financing	\$5.00	May Be
L '		28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Intangible	
24	25	├ ─. ' ┌	30		Personal Property Tax.	Yes	□No
241	9. Name and Address of Current				10. Name and Address of New	Registered Agent	
- 		And Carlot	81	Name		· .	
	RY, RAMON		82	Street Addr	ress (P.O. Box Number is Not Accep	table)	
	S. DIXIE HWY	•	02	Oli CCI / Idai		age a wear get to be contributed by	
STE	209		83			期強烈執行其	海鄉縣
MIAM	11 FL 33143	•	84	City	240 7 34 8 4 140 45 1	85 Zip	Code
				,		FL T	*
	to the provisions of Sections 607.0502 egistered agent, or both, in the State o				on's board of directors. I hereby acc	ept the appointment as re	gistered
office or read agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607,0505, Flori and title if applicable. (NOTE:	ida Statutes.	,	on's board of directors. I hereby acc ad when reinstating) ADDITIONS/CHANGES TO O	DATE	DRS IN 12
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th exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling does not indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or trustee empoy Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90022 034 ***150.00