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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600003644

1. Corporation Name

May 06, 1999 8:00 am Secretary of State

05-06-1999 90090 002 ***158.75

| F&UM | IANAGEMENT, INC. | | | | | | | |
|---|--|--|--|--|--|--------------------------|---------------------------|---|
| Principal Place | e of Business | Mailing Address | | | r radicidas, tra caria attir paris di | 9911 9917 9 | .e. (26 1111 2 21 | ··· 41811 9·81 (881 |
| 13320 S.W. 128 ST. | | 13320 S.W. 128 ST. | | | | | | |
| MIAMI FL 33186 MIAMI FL 33186 | | MIAMI FL 33186 | | | DO NOT WRIT | TE IN THIS | SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | - | | |
| | <u></u> | | | | 01/08/1996 | | · | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | 65-0632269 | | | Not Applicable |
| Suite, Apt. #, etc. | | <u> </u> | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | M | | Additional Required |
| City & State | <u> </u> | City & State | | | 6. Election Campaign Financing | | | 0 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | | d to Fees |
| Ziρ | Country | Zip | Country | | 8. This corporation owes the curre | ent year Inta | angible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | Yes | □No |
| , | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New R | Registered | Agent | |
| RPA | חזיאעת עח | | 81 | Name | | | | |
| Brody, David 13320 S.W. 128 ST. | | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | ıble) | | |
| | MI FL 33186 | | 83 | ļ | | | | ··· |
| | | | 00 | | | | | |
| | | | 84 | City | | FL | 85 Zi | p Code |
| office or r | egietared egent or both, in the State | a of Florida. Such change was au | Ithorizea DV | the comoratio | oration submits this statement for the on's board of directors. I hereby accep | purpose of the appoin | changing ntment as | its registered registered |
| office or n agent. I a | egistered agent; or both, in the State m familiar with, and accept the obliga | a of Florida. Such change was au ations of, Section 607.0505, Flor | ithorized by ida Statutes | the comoratio | on s board of directors, i hereby accept | DATE | | |
| office or n agent. I a | egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI | a of Florida. Such change was at ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS | ithorized by ida Statutes Registered Ager | the corporations. | on's board of directors. Thereby accep | DATE | ID DIREC | TORS IN 12 |
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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 of supplienental angual 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 phanged, or on an attactiment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTS