PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90110 031 ***150.00

CUMENT # P96000008061	<u> </u>
C. MANAGEMENT 500, INC.	A MORRICOR HAR MONTO COME COME COME COME COME COME COME COM
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	MANAGEMENT 500, INC.								
Principal Place	e of Business	Mailing Address		•		T (SB)(SB) (18 15)(S 9)(() 88)(C 8	atri Shiri Agiti i		. 61191 11B1 1B21
2958 SHORE LI	NE	P.O. BOX 237							
BOCA GRANDE	FL 33921	BOCA GRANDE FL 33921				DO NOT WR	ITE IN THIS	SPACE	
	•					3. Date Incorporated or Qualifed		J. 7.0L	
	THE THE SECTION SECTION	· · · · · · · · · · · · · · · · · · ·	•₹ 			01/25/1996	· · · ·		<u> </u>
2. Principal P	tace of Business	2a. Mailing Address				4. FEI Number		 	oplied For
21		26				65-0645412			ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
<u></u>	.	28				Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the cur	rent vear Int	tangible	
24	25	29	30	·		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer					10. Name and Address of New	Registered	Agent	
* 1	mercianis i e i e i			81 1	Name				
FRYI	e, Charles			82 5	Street Addre	ass (P.O. Box Number is Not Accept	table)		
	SHORE LANE			2 3	Oliest Madic	see (1 .C. DOX Humber to Not Moope			
B00	A GRANDE FL 33921			83					
11				04	C:t-			85 Zip	Code
		•		84 (City		FL	. 65 2.10	0000
'11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	utes, the a	bove-n	named corpo	oration submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was	authorized Iorida Stat	d by the	e corporatio	n's board of directors. I hereby acce	pt the appoi	ntment as re	egistered
	III lamiliai with and accept the obliga	tions of, occion oor lood, in	ionaa ota						
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if applicable. (NO)	TE: Registered	d Agent sig	ignature required	when reinstating)	DATE		
12.		nt and little if applicable. (NOT ND DIRECTORS	TE: Registered	d Agent sk	ignature required	when reinstating) ADDITIONS/CHANGES TO O			
12.					ignature required			ND DIRECTO	ORS IN 12
	OFFICERS AN	ND DIRECTORS	13.		ignature required				
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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 or suppliemental 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 open experience with an other like empowered.