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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State, & DIVISION OF CORPORATIONS

DOCUMENT # P96000010793 (3)

BRITTKO MANAGEMENT, INC.

FILED May 20 1997 8:00am Secretary of State

Principal Place of Businoss Mailing Address 1915 LAYERS CIRCLE SUITE E 105 DELRAY BEACH FL 33344 Principal Place of Businoss Mailing Address 1915 LAYERS CIRCLE SUITE E 105 DELRAY BEACH FL 33444		7804				
				 Date Incorporated or Qualified 02/02/1996 	3a. Date of Last F	Report
Principal Place of Business 1	2a. Mailing Address 26			4. FEI Number 65-0638095	·	pplied For lot Applicable
Sulte, Apt. #, etc. 22 City & State	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional lequired
23 Zip Country	City & State			6. Election Campaign Financing Trust Fund Contribution	☐ Added	May Bo to Fees
24 25 9, Name and Address of Curre		Country 30			Yes 🔲 No	s. 199.032,
WORLDWIDE CORPORATE SERVICE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	81	Name	10. Name and Address of New Re	gistereo Agent	
ONE FINANCIAL PLAZA	LO, 1110.	82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
SUITE 2626		83	·			
FT. LAUDERDALE FL 33394						
		84	City			Code
11. Pursuant to the provisions of Sections 607.05(office or registered agent, or both, in the State				poration submits this statement for the p	urpose of changing i	its registered
agent. I am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes	s. ·		or the appearance of the	· · · · · · · · · · · · · · · · · · ·
SIGNATURE Signature, typod or printed name of registered ag		Flegistired Age	ril signature requi	ired when reinstaling)	DATE	
	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
NAME 20103 NE 19 PL	V, PRE 3! DELETE	1.1 TIFLE			L_] Change	
STREET ADDRESS 2010 3 IVE 19 PL	ACE	1.2 NAME	4000500			
CITY-SI-ZIP NORTH MIAMI BE	NORTH MINMI PEACH FL 33179		ADDRESS			
TITLE SHELLA VICAMA	1 1 00 DELETE	1.4 CITY - S 2.1 TITLE	1-211		Change	☐ Addition
NAME SHEILA KLEIMAN, V-PRESDELFIE		2.2 NAME				
		2 3 STREET	ADDRESS	·		
CITY-ST-ZIP NORTH MIAM! TITLE STEPHEN GOLDEN NAME STREET ADDRESS ONE FINANCIAL P	BEACH FC 33179	2 4 CITY-S	T - ZIP			
NAME STEPHEN GOLDEN	BERS, 11-00FE	31 THILE	:		[] Change	L_ Addition
STREET ADDRESS ONE FINANCIAL P	CAZA, SUITE 2626	3 2 NAME 3 3 STREET	ADDOLGG		•.	
CHY-ST-ZIP FORT LAUNERDACE	FL 33384	3.4, CITY-S				
THILE	☐ DELETE	4.1 TITLE	1-211		Change	Addition
NAME		4. 2 NAME			<u> </u>	
STREET ADDRESS		4.3 STREET	ADDRESS	•		
CITY-ST-ZIP		4.4 CITY - ST	- ZIP			
TITLE	☐ DELETE			Change		Addition
NAME		5.2-NAME				Ì
STREET ADDRESS		5.3 STREET				
CMY-ST-ZIP TITLE	☐ DELETÉ	54 CITY-S1	- 7IP		T Observe	14490
NAME		6.1 THLE 6.2 NAME			☐ Change	Addition
STREET ADDRESS		6.2 INAME	ADDRESS			

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it charged, or online attached in with an address.

6.4 (CITY - ST - ZIP