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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Jan 12/18

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000026370 (2)

FLORIDA MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Addre		Mailing Address		
4450 W SUNRISE BLVD		4450 W SUNRISE BLVD		
100		100		
PLANTATIONF L 33313		PLANTATION FL 33313		DO NOT WRITE IN THIS SPACE
UŞ		US		3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mading Address				03/26/1996 4. FE! Number Applied For
	lace of Business	2a. Marting Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3376320 Not Applicable
22 Sune, Apr. #, etc.		27		5. Certificate of Status Desired \$8.75 Additional Fee Regulated
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
VAUQHAN, CRAIG A 81 Name				
4450 W SUNRISE BLVD				Address (P.O. Box Number is Not Acceptable)
100				
PLANTATION FL 33313			83	
			04 07	lee 7- Oods
			B4 City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
office or registered agent, or both, in the State of Lorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or posited name of registered agos	st and title if applicable (NOT)	E Registered Agent signature	required when re-instaling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	11 TITLE	Change Addition
NAME	DONNELLY, P JAMES		1.2 NAME	
STREET ADDRESS	2544 EAGLE RUN		13 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL		1.4 CiTY - ST - ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addilion
NAME	STEANBACH, GIL		2 2 NAME	
STREET ADDRESS	4935 KENSINGTON CR		2.3 STREET ADDRESS	<u>'</u>
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 DITY-ST-ZIP	
TITLE	81	☐ DELETE	31 TITLE	Change Addition
NAME	VAUGHAN, CRAIG A		3 2 NAME	16 1 6 41
STREET ADDRESS	11 WESTON RD, 121		3.3 STREET ADDRESS	4480 West Smooth Blod Plonfolm: Fl , 33313
CITY-ST-ZIP	FT-LAUDERDALE FL		3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City - St - ZiP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I hereby certify that the information supplied with this ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an				
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 repover of 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 on an att of under twith an address.				
BIOCK 12 or BIOCK 13 it changed, or on an any primy with an appress				

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