FILE NOW: FILING FEE AFTER MAY 1ST 16 \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041667 OLDE FLORIDA MANAGEMENT GROUP, INC.

Principal Place of Business

SIGNATURE _

Mailing Address

25 HICKORY HILL Rd TEBUESTA, FL 33469

2. Principal Place	of Business	2a. Mailing Address	
21		26 25 Hukory	HILL ZO
Suite, Apt. #, el	tc.	Suite, Apt. #, etc.	
22		27	
City & State		City & State 7EQUESTA	FL
Zip	Country	Zip	Country
24	25	29 33469	30 USA
9	. Name and Address of Cu	rrent Registered Agent	

FILED

99 MAR - 4 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT	WRITE	IN THIS	SPACE

3. Date Incgriporated or Qualifed5//5//9964. FEI Number		
4. FEI Number 65 - 0667106		Applied For Not Applicat
•	CT	\$8.75 Additional Fee Required
6. Election Campaign Financing	í I	\$5.00 May Be

Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible

Personal Property Tax. No

10. Name and Address of New Registered Agent

Nampaul E. Sousa CASEY WOLFF, ESQ Paulich, SLACK & WOLFF, P.A. 81 Street Address (P.O. Box Number is Not Acceptable) 82 2150 Goodlevie Rd 6th FL 83 NAPLES, FL 34102 City TEQUESTA, FL

11. Pursuant to the provisions of Sections 607.050) 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 Florida. Such change was authorized by the corporation's hoard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of Section 207.0505, Florida Statutes.

13. 11 TITLE

41 TITLE 4 2 NAME 4.3 STREET ADORESS 4.4 CiTY-ST-ZiP

5 1 TIPLE

5.2 NAME

61 TITLE

6 2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

54 C(IY-S1-Z(P

6.4 CITY-ST-ZIP

	signature, typed or printed name or registered agent and lide a approache	(NOTE RE
12.	OFFICERS AND DIRECTORS	
TITLE		[DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		[] DELETE
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TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE

13.	
11 TITLE	PS
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1.3 STREET ADDRESS	25
1.4 C(1.Y+S1+Z)P	TE
21 TITLE	V
2.2 NAME	MA
23 STREET ADDRESS	25
2 4 CITY-ST-ZIP	re
31 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
34 CITY-ST-ZiP	
[

ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS ÎN 12
PSTD	[] Change	[X Addi
PAUL E SOUSA 25 HICKORY NICE ROL		
TRAVESTA, FL 33469	[] Change	[¥ Ado
MARION C. SOUSA		

Hickory Him Pd BRESTA, FL 3 3469

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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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attackment with any paddress, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

DELETE

561/147-0084

Addition

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