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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000052815 (3)

F & N MANAGEMENT, INC.

Principal Place of Business 2122 BLOUNT RD. POMPANO BEACH FL 33069-5111

2. Principal Place of Business

Suite, Apt. #, etc

SIGNATURE: (

City & State

21

22

23

24

Zip

Mailing Address

2a, Mailing Address

City & State

Zib

Suite, Apt #, etc.

26

28

29

9. Name and Address of Current Registered Agent

ARAZOZA.COMAS.DE TORRES&FERNANDEZ-FRAGA.PA

2122 BLOUNT RD. POMPANO BEACH FL 33069-5111

## FILED May 06 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

 Date Incorporated or Qualified 06/20/1996

65-0676882

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

CORAL GABLES FL 33134			62	Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84	City			<b>85</b> Zip	Code
11 P						<u>FL</u>		
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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature: Nued or printed name of ingistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS 13.								
TITLE	Р	DELETE	11 TITLE		I		Change	☐ Addition
NAME	RODRIQUEZ, RODOLFO T	_	1.2 NAME					
STREET ADDRESS	2808 WHITTINGTON PLACE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY - S1		1			Ì
TITLE	VP	DELETE	2.1 TITLE	<u></u>	VP		Change	Addition
NAME	PALLISSO, RICHARD A		2.2 NAME		' '			
STREET ADDRESS	1801 MONTE CARLO WAY		2.3 STREET	ADDRESS	brunel			- 1
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-S	t-ZIP	Meerical	• .		ľ
TITLE	1	DELETE	3.1 TITLE				Change	☐ Addition
NAME	RODRIQUEZ, MARIA T	'	3.2 NAME					j
STREET ADDRESS	2808 WHITTINGTON PLACE		33 STREET	ADDRESS				ì
CITY-ST-ZIP	TAMPA FL		3.4. CITY - S	r- 7IP				{
TITLE	8	☐ DELETE	4.1 TITLE				Change	Addition
NAME	gruman, Louise		4. 2 NAME		•			
STREET ADDRESS	4026 INVERRARY DRIVE		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	- ZIP				
TOTLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	NDORESS				ļ
CITY-ST-ZIP			5.4 CITY - ST	- ZIP				
TITLE		DELETE	61 TITLE				Change	Addition
NAME			6.2 NAME	- (				ļ
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST					
14. I hereby certify that the information supplied with this filling 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 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 on an anachment with an address.								

Country

81 Name