Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600054360

1. Corporation Name

Principal Place of Business

R.S.T. MANAGEMENT, INC.

2500 HOLLYWO SUITE 212 HOLLYWOOD F	od Boulevard L 33020	2500 HOLLYWOOD BOUL SUITE 212 HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/26/1996			
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ar	oplied For	
21		26				65-0684779		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27						equired	
City & State		City & State	¬ '			6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		untry		8. This corporation owes the current year Intan	gible]]Yes	X INo	
24	25	29	30		<i>-</i>	Personal Property Tax. 10. Name and Address of New Registered Ag		ZINO	
	9. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	10. Name and Address of New Registered A	Jeur		
MANELLA, ROSS H ESQ				"	Hame				
2500 HOLLYWOOD BOULEVARD SUITE 212 HOLLYWOOD FL 33020				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		·	
				83					
HUL	LT.WOOD FL 33020			84	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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PST	☐ DELETE	1.1 7	MLE			Change	☐ Addition	
NAME	PIERSON, RANDY		1.2 N	NAME				1	
STREET ADDRESS	2500 HOLLYWOOD BOULEVA	IRD .	1.3 8	TREET	ADDRESS			-	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 0	1.4 CITY-ST-ZIP			=		
TITLE		☐ DELETE	2.1 7	TTLE			Change	☐ Addition	
NAME			2.2 N	NAME					
STREET ADDRESS			2.3 S	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	r- zip		_ ~		
TITLE		☐ DELETE	3.1 7	TITLE			Change	Addition	
NAME			3.21	VAME					
STREET ADDRESS			3.3 9	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	r-zip		Channe	- Addition	
TITLE		☐ DELETE	4.17	TITLE			Change	☐ Addition	
NAME				NAME					
STREET ADDRESS			4.3 \$	STREET	ADDRESS			}	
CITY-ST-ZIP		—		CITY-ST	-ZIP		Channe	D & addison	
TITLE		☐ DELETE		TITLE			Change	☐ Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-SI	- ZIP		Chanas	Addition	
TITLE		☐ DELETE	. I	TITLE NAME			Change	[_] Addition	
	1		■ 628	NAME:					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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 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 attachment with an address, with all other like empowered.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90178 039 ***150.00