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Secretary of State

05-07-1999 90013 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068090

1. Corporation Name

ELDORADO MANAGMENT LIMITED, INC.

Principal Place of Business

5201 RAVENSWOOD ROAD
SUITE 103
FORT LAUDERDALE FL 33312

Mailing Address

5201 RAVENSWOOD ROAD
SUITE 103
FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

65-0693311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **2340 Griffin Road**

Suite, Apt. #, etc.

22 City & State

23 **Dania Beach FL**

24 Zip Country

25 **33312 USA**

2a. Mailing Address

26 **2340 Griffin Road**

Suite, Apt. #, etc.

27 City & State

28 **Dania Beach FL**

29 Zip Country

30 **33312 USA**

9. Name and Address of Current Registered Agent

SMITH, DEBORAH J
5201 RAVENSWOOD ROAD
SUITE 103
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2340 Griffin Road**

84 City

Dania Beach FL

85 Zip Code

33312

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 **Deborah J. Smith** **Deborah J. Smith**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SMITH, DEBORAH J**

STREET ADDRESS **5201 RAVENSWOOD RD, #103**

CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **V** ☐ DELETE

NAME **SMITH, SAMANTHA W**

STREET ADDRESS **5201 RAVENSWOOD RD, #103**

CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **ST** ☐ DELETE

NAME **SMITH, RICHARD N**

STREET ADDRESS **5201 RAVENSWOOD RD, #103**

CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Deborah J. Smith**

1.3 STREET ADDRESS **2340 Griffin Rd.**

1.4 CITY-ST-ZIP **Dania Beach FL 33312**

2.1 TITLE **Vice-President** ☒ Change ☐ Addition

2.2 NAME **Samantha W. Smith**

2.3 STREET ADDRESS **2340 Griffin Rd.**

2.4 CITY-ST-ZIP **Dania Beach FL 33312**

3.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition

3.2 NAME **Richard N. Smith**

3.3 STREET ADDRESS **2340 Griffin Rd.**

3.4 CITY-ST-ZIP **Dania Beach FL 33312**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: **Deborah J. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

DATE

(954) 962-5321

DAYTIME PHONE #

CR2E034 (11/98)