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 # 1. Corporation Name P96000074801 (7)

BEDATAN MANAGEMENT, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		I INDICEDI IIN INITE BISIS NALIS NASILI ANIII AN	
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437		3437	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			09/09/1996	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 6561 Cascades]		<u>xades Tsle Bl</u>	<i>Δ</i> Φ 65-0699074	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	
	<u></u>		8. This corporation owes or has paid to	ne current year Intangible
	29 29 Current Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Regist	
		81 Name	10, Name and Addition of their ringist	orda Agent
WURTENBERGER, KENNETI				
200 EAST LAS OLAS BOUL	CANUD	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 2900 Ft. Lauderdale Fl 33301		83		
TI. LAUDENDALE TE 33301		84 City		B5 Zip Code
11. Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am Ismiliar with, and accept to	607,0502 and 607,1508, Florida Stati The State of Florida. Such change was the obligations of, Section 607,0505, F	ules, the above-named corp sauthorized by the corporat Florida Statutes.	poration submits this statement for the purp ion's board of directors. I heroby accept th	ose of changing its registered e appointment as registered
SIGNATURE				
Signature, typed or printed name of re-	gistered agent and talout applicable (NC CERS AND DIRECTORS	OII Registered Agent signature requir	ad when reinstating) [ADDITIONS/CHANGES TO OFFICER:	PAND DIDECTORS IN 12
THE -	DELETE		resident	Change Addition
NAME ETTINGER, DAVID		1.2 NAME		E Change I Madellon
STREET ADDRESS 6491:HOOK LANE		1.3 STREET ADDRESS 65	561 Cascades Isle	Blub -
CITY-ST-ZIP BOYNTON BEACH FL	33437	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-7IP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
HILE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS]
CITY-SI-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-SI-ZIP		6 4 CITY-ST-ZIP		
14. I hereby certify that the information su	pplied with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information

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 inchanged, or on an attachment with an address.