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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000074801**1. Corporation Name

BEDATAN MANAGEMENT, INC.

| Principal Place  | e of Business   | Mailing Address   |   |  |  | ( (BELIDEL HE (SIAS SIAN ESTIN ESTIN ESTIN   |                                  |                                     |
|--|---|---|---|--|--|--|----------------------------------|-------------------------------------|
| 6561 CASCADE ISLE BLVD<br>BOYNTON BEACH FL 33437<br>US   |   | 6561 CASCADES ISLE BLVD<br>BOYNTON BEACH FL 33437<br>US |   |  |  | DO NOT WRITE IN T  | -<br>HIS SPACE                   |                                     |
|  |   | -   |   |  |  | 3. Date Incorporated or Qualifed 09/09/1996  | )<br>M.S.                        |                                     |
| 2. Principal Pl  | lace of Business  | 2a. Mailing Address                                     |   |  |  | 4. FEI Number  | App                              | olied For                           |
| 21   |   | 26  |   |  |  | 65-0699074   |                                  | Applicable                          |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                                     |   |  |  | 5. Certificate of Status Desired   | <b>\$8.75</b> A Fee Rec          |                                     |
| City & State   | e   | City & State  |   |  |  | 6. Election Campaign Financing   | \$5.00                           | May Be                              |
| 23   |   | 28  |   |  |  | Trust Fund Contribution  | Added to                         | Fees                                |
| Zip  | Country   | Zip<br>29   | Co:   | ountry   |  | This corporation owes the current year     Personal Property Tax.                            |                                  | □No                                 |
| 24   | 25<br>9. Name and Address of Curre  |   | [30]  | T  |  | 10. Name and Address of New Register   | ed Agent                         |                                     |
|  | 9. Hame and Address of Curre  |   |   | 81   | Name   |  |                                  | ,                                   |
| WUF  | rtenberger, Kenneth P eso   | )   |   | 00   | Charles Adden  | ess (P.O. Box Number is Not Acceptable)  |                                  |                                     |
| 200  | EAST LAS OLAS BOULEVARD   |   |   | 82   | Street Addre   | ess (F.O. pox (varioe) is not Acceptable)  |                                  | COLEAN SEC. IN NO.                  |
|  | TE 2900   |   |   | 83   |  |  |                                  | 建设制                                 |
| FT. I  | LAUDERDALE FL 33301   |   |   | 84   | City   |  | 85 Zip C                         |                                     |
|  |   |   |   | 1 - 1  | •  |  | <b>=L</b>                        |                                     |
|  |   | ations of, Section 607,0505, Fi                         | lorida Sta  | atutes.  |  | oration submits this statement for the purposin's board of directors. I hereby accept the ap |                                  | 1                                   |
| agent. I a<br>SIGNATURE  | Signature, typed or printed name of registered ago  | ent and title if applicable. (NOT                       | ionua Sia   | ed Agent   |  | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS                                       | S AND DIRECTO                    | RS IN 12                            |
| SIGNATURE  | Signature, typed or printed name of registered ago  | ent and title if applicable. (NOT                       | TE: Registere   | ed Agent   |  | d when reinstating) DATE   |                                  | <del></del>                         |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered age OFFICERS AI P ETTINGER, DAVID  | ent and title if applicable. (NOT                       | TE: Registere 13  | ed Agent :   |  | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS                                       | S AND DIRECTO                    | RS IN 12                            |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered age OFFICERS AI P ETTINGER, DAVID 6561 CASCADES ISLE BLVD                          | ent and title if applicable. (NOT                       | TE: Registere  13 1.17 1.28   | ed Agent :  3.  TITLE  NAME  STREET A  | signature required   | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS                                       | S AND DIRECTO                    | RS IN 12                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AI P ETTINGER, DAVID  | ent and title if applicable. (NOT DIRECTORS             | TE: Registere 13 1.17 1.27 1.33 1.41  | ed Agent :  TITLE  NAME  STREET A  | signature required   | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS                                       | S AND DIRECTO<br>☐ Change        | RS IN 12                            |
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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 annular seport 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 convoration 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

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