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PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-2#P



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083695 (2)

FIGORAS MANAGEMENT, INC.

Principal Place of Business Mailing Address 900 EAST INDIANTOWN ROAD STE 307 900 EAST INDIANTOWN ROAD STE 307 JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 0 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Ζip Country $Z_{\mathbb{P}}$ Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FIGORAS, RONALD 900 EAST INDIANTOWN ROAD STE 307 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 83 City 85 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with fair accept the obligations of, Section 607.05.05. Florida Statutes. onald J. Figoras tresident ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change ___ Addition DELETE TITLE D 1.1 TITLE NAME FIGORAS, RONALD 1.2 NAME STREET ADDRESS 900 EAST INDIANTOWN ROAD STE 307 13 STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP 14 CITY-ST-7)P DELETE Change ___ Addition 21 THILE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3 1 1 ITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-S1-ZIF DELETE Change ___ Addition 4111111 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 51 THLE TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP Change Addition DELETE TITLE 611111 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 trusted 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.

6.4 CITY - ST - ZIP

FILED

Apr 14 1998 8:00am

Secretary of State