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

P96000086814 (6) DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

COMBINED MANAGEMENT, INC.

Principal Place of Business 5900 SW 113TH ST MIAMI FL 33156

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

5900 SW 113TH ST MIAMI FL 33156

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

29

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

10/21/1996

65-0706051

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

MULLER, CHARLES E II			81	Name	ne .	
9100 SO DADELAND BLVD. STE 1707 MIAMI FL 33156-7819			82	Stree	et Address (P.O. Box Number is Not Acceptable)	$\overline{}$
ML	IINI FL 33136-7819		83	 		\dashv
}						
			84	′	FL T	
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 it applicable (NOTE, Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	0.012.71	13.	ar organic	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅥ
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Additi	ion
NAME	SHELLEY, ROBERT J JR.		1.2 NAME			
STREET ADDRESS	5900 SW 113TH ST		1.3 STREET	ADDRESS	s	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY - 9	T-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Additi	ion
NAME	SHELLEY, REBEKAH P 22		2.2 NAME			
STREET ADDRESS	5900 SW 113TH ST 2.3		2.3 STREET	ADDRESS	s ·	- 1
CITY-ST-ZIP	MIAMI FL 33156 2.4		2. 4 CITY - 3	ST-ZIP	a2	
TITLE	D	☐ DELETE	3.1 TITLE		Change Additi	on
NAME	SHELLEY, ROBERT J III		3.2 NAME			
STREET ADDRESS	1080 LUGO AVE 3.3 ST		3.3 STREET	ADDRESS	§	- 1
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY - 5	ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition	Off
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS	s	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition	ดก
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS	s [
CITY - ST - ZIP			5.4 CITY - S	T-ZIP	<u> </u>	
TITLE		DELETE	6.1 TITLE		Change Addition	an
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	\$ '	- }
CITY - ST - ZIP			6.4 CITY - S			
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.						

Country

81 Name

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SIGNATURE: