PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097524

1. Corporation Name

LD MANAGEMENT SERVICES COMPANY

Principal Place of Business Mailing Address							, 1911) 1988) 81119	***********
1475 WEST CYPRESS CREEK ROAD 1475 WEST CYPRESS CREEK			K ROAD	ROAD				
SUITE 204 SUITE 204						DO NOT WRITE IN THIS SPACE		
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309						3. Date Incorporated or Qualifed		
						12/03/1996		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26						65-0711215	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	· 1
23		28			Trust Fund Contribution	Added 1	o Fees	
-Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Ir	itangible Yes	□No
24	25		30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Halle and Address of New Adjusters	· rige	
GOLDING, STEPHEN M								
1475 WEST CYPRESS CREEK ROAD SUITE 204 FT. LAUDERDALE FL 33309				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
				83				
					***		las l Zio i	Code
				84	City	Fi	_ 85 Zip (2008
SIGNATURE	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with a support of	nt and title if applicable. (NOTE:	Registered			d when reinstating) DATE	ND DIRECTO	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D DELETE			1.1 TITLE 1.2 NAME			or larige	LI Addition
NAME	DO 1741, 2001				4000000			Ì
THE					ADDRESS			İ
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	☐ DELETE	1.4 CF 2.1 TR		-ZIP		Change	Addition
TITLE			2.1 NA				_ •	_
NAME					ADDRESS			i i
STREET ADDRESS	-		2.4C		1		-5	
TITLE			3.1 TI				Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	,		3.4. C	TY-51	T-ZIP			
TITLE	E		4.1 TD	4.1 TITLE			Change	☐ Addition
NAME	•		4. 2 N	AME				
STREET ADDRESS			4.3 S1	REET	ADDRESS			
CITY-ST-ZIP			4400	TY-ST	T-Z)P			
TITLE			_				(") Chann	[] [[]] [
NAME		☐ DELETE	5.1 TI				Change	☐ Addition
		☐ DELETE	5.1 TI 5.2 N/	ME	ADDRESS		Change	☐ Addition
STREET ADDRESS		☐ DELETE	5.1 TI 5.2 N/ 5.3 ST	ME REET	ADDRESS	••	Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP TITLE		☐ DELETE	5.1 TI 5.2 N/	NET TY-ST			Change	☐ Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP.

WEQUIRED IG OFFICER OR DIRECTOR

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 or an attackment with an address, with all other like empowered.

FILED

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90008 047 ***150.00