

CR2E034 (5/99)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90008 034 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # P97000030527

1. Corporation Name
CERTIFIED MANAGEMENT, INC.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business
3450 SW 112TH STREET
MIAMI FL 33176

Mailing Address
9450 SW 112TH STREET
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6470 ARASON WAY Suite, Apt. #, etc. City & State FORT MYERS FL Zip 33912 Country USA		2a. Mailing Address 26 SAME Suite, Apt. #, etc. City & State Zip 30 Country		3. Date Incorporated or Qualified 04/03/1997	
23		27		4. FEI Number 65-0747403 Applied For Not Applicable	
24		28		5. Certificate of Status Desired \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
26		30		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEVINE, SCOTT D 9450 SW 112TH STREET MIAMI FL 33176				10. Name and Address of New Registered Agent 81 Name SCOTT LEVINE 82 Street Address (P.O. Box Number is Not Acceptable) 1200 ALHAMBRA DR. 83 84 City FORT MYERS, FL 85 Zip Code 33912	

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, SCOTT 9450 SW 112TH STREET MIAMI FL 33176 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVINE, STEVEN G 9450 SW 112TH STREET MIAMI FL 33176 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____
7/7/99 (941) 561-2323



P97000030527
588800-90008-34

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Document # P97000030527

To Whom It May Concern:

Please find enclosed a check for \$150.00 for my annual corporation filling fee for 1999. Your "2nd notice" I received on July 2, 1999 was actually the first correspondence I have received from your office. I believe this is because the address you have for my corporation is incorrect. The correct address is 6470 Aragon Way, Fort Myers Fl, 33912.

Please correct your records accordingly, and send all correspondence to my company at this address.

I apologize for any inconveniences this may have caused, and thank you for your consideration.


Scott Levine
President