

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90079 015 ***150.00

DOCUMENT # P97000036826

1. Corporation Name

CALUHA MANAGEMENT COMPANY, INC.

Principal Place of Business

1828 SW 24 TERRACE
FT. LAUDERDALE FL 33312

Mailing Address

1828 SW 24 TERRACE
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1818 S.W. 24 Terrace
Suite, Apt. #, etc.

22 Ft. Lauderdale, Fla.
City & State

23 33312
Zip

Country

24 USA

2a. Mailing Address

26 1818 S.W. 24 Terrace
Suite, Apt. #, etc.

27 Ft. Lauderdale
City & State

28 Florida
Zip

Country

29 33312 30 USA

9. Name and Address of Current Registered Agent

BOSSHARDT, KURT E
1600 SE 17TH ST., STE. 404
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name Mark B. Newcomer

82 Street Address (P.O. Box Number is Not Acceptable)

1818 S.W. 24 Terrace

83

84 City Ft. Lauderdale, Fla. FL 85 Zip Code 33312

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

Mark B. Newcomer

2/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME NEWCOMER, MARK
STREET ADDRESS 1828 SW 24 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE P ☐ DELETE

NAME Newcomer Mark
STREET ADDRESS 1818 S.W. 24 Terrace
CITY-ST-ZIP Ft. Lauderdale, Fla 33312

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

954610 4387

Daytime Phone #

CR2E034 (1/98)