

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jul 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000058232 (4)**

1. Corporation Name
FJE MANAGEMENT SERVICE, INC.



Principal Place of Business 450 E LAS OLAS BLVD SUITE 1200 FORT LAUDERDALE FL 33301	Mailing Address 450 E LAS OLAS BLVD SUITE 1200 FORT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

65-0765495

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 110 SE Sixth St. Suite, Apt. #, etc. 22 20th Floor City & State 23 Ft. Lauderdale, FL Zip 24 33301	2a. Mailing Address 26 110 SE Sixth St. Suite, Apt. #, etc. 27 20th Floor City & State 28 Ft. Lauderdale, FL Zip 29 33301
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	<input type="checkbox"/> DELETE
NAME	Thomas W. Hawkins
STREET ADDRESS	110 SE 6th St., 20th Floor
CITY-ST-ZIP	Ft. Lauderdale, FL 33301

TITLE	<input type="checkbox"/> DELETE
NAME	D. VA'S
STREET ADDRESS	James O. Cole
CITY-ST-ZIP	110 SE 6th St., 20th Floor
	Ft. Lauderdale, FL 33301

TITLE	<input type="checkbox"/> DELETE
NAME	Michael E. Marcone
STREET ADDRESS	110 SE 6th St., 20th Floor
CITY-ST-ZIP	Ft. Lauderdale, FL 33301

TITLE	<input type="checkbox"/> DELETE
NAME	Kathleen W. Ayle
STREET ADDRESS	110 SE 6th St., 20th Floor
CITY-ST-ZIP	Ft. Lauderdale, FL 33301

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> 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

800002582008

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*****550.00**

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

CR2E034 (10/97)