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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

FILED

May 15 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

1	MENT # P97000 MO MANAGEMENT, INC.)063560 (1)			
Principal Plac	e of Business	Mailing Address			
11924 FOREST HILL BLVD. SUITE 22-221 WELLINGTON FL 33414		11924 FOREST HILL BLVD. SUITE 22-221 WELLINGTON FL 33414		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				07/23/1997	
<u> </u>	Place of Business	2a, Mailing Address		4. FEI Number EIN 65-0773898	Applied For
Sulte, Apt. #, etc.		Suite, Apt #, etc.			Not Applicable
22		Solite, April W, etc.		5. Certificate of Stalus Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Properly Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	J Agent
	VINE, DONNA P ESQ.		81 Name		
	324 DATURA STREET			dress (P.O. Box Number is Not Acceptable)	
SUITE 145			63		
YYt	EST PALM BEACH FL 33401		83		
			84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed having of registived agent	t and trib if applicable (NO	TE fingistered Agent signature req		
12	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD Palermo, george J	DELETÉ	1.1 TITLE		☐ Change ☐ Addition
NAME	1282 ESSEX DRIVE		1.2 NAME		
STREET ADDRESS	WELLINGTON FL 33414		1.3 STREET ADDRESS		
CITY-ST-ZIP	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	PALERMO, ROMALIE R		2.2 NAME		C blinds C redition
STREET ADDRESS	1282 ESSEX DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		2. 4 CITY - S1 - ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	PALERMO, DINA M		3.2 NAME		
STREET ADDRESS	8730 N. HIMES AVE. #1116		3 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		3 4. CITY - ST - ZIP		
TITLE	D	☐ DELETE	4 1 TITLE		Change Addition
NAME	BURKE, SANDRA R		4. 2 NAME		
STREET ADDRESS	280 GLENMOOR LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONG LAKE MN 55356	Floriett	4.4 City - St - ZiP		[] (1) [] (1) []
TITLE	D McGregor, Jack L	DELETE	5.1 TITLE		Change Addition
NAME OVEREZ ABORROS	2970 JOG ROAD		5.2 NAME		
STREET ADDRESS	GREENACRES FL 33467		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CHECKACHEO I E 33407	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		C) Marie	6.2 NAME		FT CHAIRS FT MOUNT
STREET ADDRESS			6.3 STREET ADDRESS		
OTTICE TIED OTESS			0.5 Officer Applicace		

14. 1 hereby certify that the information supplied with this filling 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 suppliemental innual 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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if hanged, or any application on the receiver of the rec Georg**e** J. Palermo, President 2/25/98 561-795-3182