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 04, 1999 8:00 am Secretary of State

03-04-1999 90053 047 ***150.00

1. Corporation Name							
· •							
FUIUME	MANAGEMENT CORP.				1 (#86(#86) (10 (\$10) (\$51) 98)((\$20)) \$20)(\$20)(\$20)		
Principal Place	e of Business	Mailing Address				ANIO ILUNI NILA	BIII BIIII IIII
1 1110,000 1 100 100 100 100 100 100 100							
1388 GATELY ROAD 1388 G							
				•	DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					08/20/1997 4. FEI Number 50 3 7 1 2 5 7		plied For
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-351225C	·	t Applicable
21 26 Suite Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
— — — — — — — — — — — — — — — — — — —					5. Certifcate of Status Desired	Fee Re	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28 28					Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	
24	25 29				Personal Property Tax. Yes No		
.= '1	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
	A-115 A-55 A	. — .	81	Name			
OSBORNE, LEE S			82	82 Street Address (P.O. Box Number is Not Acceptable)			
2500 MONUMENT ROAD							
	E 201		83				
JACKSONVILLE FL 32225			84 City			85 Zip (Code
				_	FL poration submits this statement for the purpose of		
agent. I a SIGNATURE	arm familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes	i.	ion's board of directors. I hereby accept the appoint		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WILLIAMS, L. ELAINE		1.2 NAME	ļ			
STREET ADDRESS	4000 CATELY DOAD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-S	T-ZIP			
TITLE	VP	☐ DELETÉ	2.1 TITLE			☐ Change	☐ Addition
NAME	WILLIAMS, L. ELAINE		2.2 NAME				ļ
STREET ADDRESS	1388 GATELY ROAD	GATELY ROAD		TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225		2. 4 C/TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	-	-	-	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		Contro	3.4. CITY-:	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			[_] Criange	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	31-ZIP		Change	☐ Addition
TITLE		□ OECE1E	5.1 TITLE 5.2 NAME	ļ			
NAME				TADORESS			
STREET ADDRESS			5.4 CITY-5				
CITY-ST-ZIP	DELETE		6.1 TITLE	,, - <u>E</u> II		Change	Addition
TITLE		C) precit	6.2 NAME				
NAME				TADDRESS			
STREET ADDRESS	<u>'</u>		64 CITY-5				

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

423-99

904-221-5474 Daytime Phone # (25034 (11/30)