

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90171 008 \*\*\*150.00

**DOCUMENT # P97000091357**

1. Corporation Name  
**FPH MANAGEMENT, INC.**

Principal Place of Business  
**450 E LAS OLAS BLVD. STE 1200  
STE 1400  
FT LAUDERDALE FL 33301  
US**

Mailing Address  
**450 E LAS OLAS BLVD. STE 1200  
STE 1400  
FT LAUDERDALE FL 33301  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/23/1997**

4. FEI Number  
**65-0792649**

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 **450 E. Las Olas Blvd.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **450 E. Las Olas Blvd.**  
Suite, Apt. #, etc.

22 City & State  
23

27 City & State  
28

24 Zip Country  
25

29 Zip Country  
30

**9. Name and Address of Current Registered Agent**

**AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVE, 28TH FLOOR  
MIAMI FL 33131**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	ROCHON, RICHARD C	450 E LAS OLAS BLVD, STE 1400	FT LAUDERDALE FL 33301	
VP	PIERCE, WILLIAM M	450 E LAS OLAS BLVD, STE 1400	FT LAUDERDALE FL 33301	
TVP	DAURIA, STEVEN M	450 E LAS OLAS BLVD, STE 1400	FT LAUDERDALE FL 33301	
SVP	HANDLEY, RICHARD L	450 E LAS OLAS BLVD, STE 1400	FT LAUDERDALE FL 33301	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		450 E. Las Olas Blvd., #1500		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		450 E. Las Olas Blvd., #1500		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Steven M. Dauria** 4-30-99 954-712-1300

CR2E034 (11/98)