## 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

## DOCUMENT #

Anagement, inc	<b>,</b>					
ess .	Mailing Address					
10052 SHADYWOOD PLACE BOYNTON BEACH FL 33437-1365		10052 SHADYWOOD PLACE BOYNTON BEACH FL 33437-1365				
				3. Date Incorporated or Qualifed 10/30/1997		
ısiness	2a. Mailing Address			4. FEI Number 65-0792143		
	Suite, Apt. #, etc.			5. Certifcate of Status Desired		
	City & State			Election Campaign Financing     Trust Fund Contribution		
Country 25	Zip	Country 30		This corporation owes the curre     Personal Property Tax.		
me and Address of Cu	rrent Registered Agent			10. Name and Address of New R		
AMERILAWYER 343 ALMERIA AVENUE			Street Addr			
LES FL 33134			City	INTON BEACH		
	CE 437-1365  Usiness  Country  25   me and Address of Cu	Mailing Address CE 10052 SHADYWOOD PLA 437-1365 BOYNTON BEACH FL 33  Usiness 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country Zip 25 29 me and Address of Current Registered Agent  ER A AVENUE	Mailing Address CE 10052 SHADYWOOD PLACE 437-1365 BOYNTON BEACH FL 33437-1365  Usiness 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country Zip Country 25 29 30  me and Address of Current Registered Agent  ER A AVENUE	Mailing Address  CE 10052 SHADYWOOD PLACE BOYNTON BEACH FL 33437-1365  Jusiness  2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Country Zip Country 25 29 30  me and Address of Current Registered Agent  ER A AVENUE LES FL 33134  Mailing Address  2a. Mailing Address 2b. Suite, Apt. #, etc. 27 City & State 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 30 Street Address 30 So		

# Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90145 040 \*\*\*150.00



Directoral Disease	- ( D	Mailing Address				1188	11481 (18 1816 1861 86	##111 B#111 ##110		19 8(1)( 1881 1881
Principal Place	e of Business ,	Mailing Address			1					
10052 SHADYW		10052 SHADYWOOD PLACE	4 805		j					
BOYNTON BEAC	CH FL 33437-1365	BOYNTON BEACH FL 33437-	-1365				DO NOT V	WRITE IN THIS	SPACE	
					ŀ	3. Date inc	orporated or Quali			
						10/30/	•		•	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Num				Applied For
Z. Fillicipal Fi	ace of business	<u> </u>				65-079				Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			-	00 010	<u> </u>			Additional
Suite, Apt.	#, etc.	27				5. Certifcate	e of Status Desire	d 🛮	<b>*</b>	Required
City & State		City & State	<del></del> -	—		- Classica	Campaign Financ		\$5.00	0 May Be
— ·	<del>.</del>	<b>⊢</b> , '					Campaign Financ nd Contribution	"" <sup>9</sup> 🗆		d to Fees
23 Zin	Country	Zip	Cour	ntrv			poration owes the	current year Int		101000
Zip		<del></del>	30	ili y			Property Tax.	content year int	Yes	23No
24	9, Name and Address of Current	11	30			1	nd Address of No	w Registered		
	9. Name and Address of Current	Registered Agent		81	Name					
AME	RILAWYER		ľ	•		RIC B		rick son		
	ALMERIA AVENUE			82		ss (P.O. Box N	lumber is Not Acc	eptable), ,		1
	AL GABLES FL 33134		Ļ	==+	10052	2 SHF	PYWOOD			<del></del>
CON	AL CIABLES FL 33134			83	Box	NTON	BEACH			ł
			ŀ	84	City	10101	<u>~</u>		85 Zip	Code
					•			FL		3437-1365
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statutes	s, the ab	ove	-named corpor	ration submits	this statement for	the purpose of	changing it	ts registered (
office or re agent. I ai	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607 5505 Flora	da Statu	by≀ pe⊜s.	ine corporation.	is board or dir	ectors, rifereby a	/		- Cylickol Cu
	-		ich	6	احطا			an 5	199	9
SIGNATURE	Signature, typed or printed name of registered agent	nd title if applicable. (NOTE: F	Registered	Agent	it signature required v			DATE		
12.	OFFICERS AND		13.			ADDITIO	NS/CHANGES TO	OFFICERS AN		
TITLE	PTD	☐ DELETE	1,1 111	ŁΕ					☐ Change	e 🔲 Addition
NAME	FREDRICKSON, JOAN M		1.2 NA	ME						
STREET ADDRESS	10052 SHADYWOOD PLACE		1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL 33437-136	65	1.4 CfT	Y-ST	T-ZIP					
TITLE	VSD	☐ DELETE	2.1 TIT	LE	-				Change	e   Addition
NAME	FREDRICKSON, ERIC B		2.2 NA	ME						
STREET ADDRESS	10052 SHADYWOOD PLACE		23 ST	REET	ADDRESS					
	BOYNTON BEACH FL 33437-13	65	2. 4 CF							
CITY-ST-ZIP TITLE	BOTHTON BEAUTITE 3040743	□ DELETE	3.1 TIT		1-21				☐ Change	e Addition
		2000	3.2 NA							
NAME					ADDRESS .					_ 1
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	3.4. CI		T-ZIP		<u> </u>	***	Change	e Addition
TITLE		☐ DELETE	4.1 TIT							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			4. 2 NA							
STREET ADDRESS			4.3 Sπ	REET	TADDRESS					
CITY-ST-ZIP			4.4 CIT		r-zip					
TITLE		☐ DELETE	5.1 TIT						Change	e
NAME			5.2 NA							
STREET ADDRESS			5.3 ST	REET	T ADDRESS					
CITY-ST-ZIP			5.4 CIT		Γ-ZIP					
TITLE		☐ DELETE	6.1 TIT	LE			-		☐ Change	e Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	T ADDRESS					

6.4 CITY-ST-ZIP 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes from an attachment with an address, with all other like empowered.

SIGNATURE:

(561) 736-3501