PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106246

1. Corporation Name

PARTNERS MANAGEMENT, INC.

Principal Place of Business

1332 STEWART STREET WINTER PARK FL 32789

Mailing Address 1332 STEWART-STREET

WINTER PARK FL 32789

May 05, 1999 8:00 am Secretary of State

05-05-1999 90001 030 ***150.00

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DO NOT WRITE IN THIS SPACE

							 Date Incorporated or Qualifed 12/17/1997 		
2. Principal I	Place of Business		2a. Mailing Address	 ;			4. FEI Number	A	pplied For
	LOUISIA	NA AVE	26 1150 L	ロロンエイ	TWA A	VE	59-3490796	N	ot Applicable
Suite, Apt			Suite, Apt. #, etc 27 SULT		_		5. Certificate of Status Desired		Additional equired
City & Sta		FLORIDA	City & State		, -	AZIA	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Cou		Zip A GG		Country	_	8. This corporation owes the current year Inta		
327	7 07 25	USA	29 32789	30	U5A		Torbural Tropolity 7 a.m.	☐Yes	₩No
	9. Name and Ad	dress of Current	Registered Agent				10. Name and Address of New Registered A	gent	
	UDEDO OTEUE				81 Nam	ie			
	NDERS, STEVE	·-			82 Stree	et Addres	s (P.O. Box Number is Not Acceptable)		
	2 STEWART STREE								
WIN	NTER PARK FL 3278	19			83				
		•			84 City		FL	85 Zip	Code
office or agent. I	registered agent, or be am familiar with, and a	oth in the State o	and 607.1508, Florida f Florida. Such change ons of, Section 607.050	was authoriz	zed by the co	ed corporation?	ation submits this statement for the purpose of one is board of directors. I hereby accept the appoint	changing its tment as n	s registered egistered
SIGNATURE	Signature, typed or printed in	ame of registered agent	and title if applicable	(NOTE: Registe	ered Agent signatu	re required w	then reinstating) DATE	 -	
12.		OFFICERS AND		1	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D		☐ DELE	TE 1.1	1 TITLE			☐ Change	☐ Addition
NAME	SANDERS, STEV	E		1.3	2 NAME				
STREET ADDRESS	s 1332 STEWART	STREET		1.3	3 STREET ADDRES	ss			,
CITY-ST-ZIP	WINTER PARK F	L 32789		1/	4 CITY-ST-ZIP				
TITLE			☐ DELE	TE 2.	1 TITLE			Change	Addition
NAME	1			2.3	2 NAME				
STREET ADDRES	s			2:	3 STREET ADDRES	ss)			
CITY-ST-ZIP				2.	4 CITY-ST-ZIP	İ			
TITLE	···		☐ DELE	TE 3.	1 TITLE			Change	☐ Addition
NAME	•			3.3	2 NAME				
STREET ADDRES	s			3.	3 STREET ADDRE	ss			
CITY-ST-ZIP	-			3.	4. CITY-ST-ZIP				
TITLE			☐ DELE	TE 4.	.1 TTTLE			☐ Change	☐ Addition
NAME				4.	2 NAME				
STREET ADDRES	s				3 STREET ADDRE	ss			
CITY-ST-ZIP					4 CiTY-ST-ZiP				
TITLE	 		☐ DELE		1 TITLE			Change	Addition
NAME			_	5.	2 NAME				
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STREET ADDRES	ss			5.		ss			
STREET ADDRES	ss)		DELE	5. 5.	3 STREET ADDRE	SS		☐ Change	☐ Addition
STREET ADDRES CITY-ST-ZIP TITLE	ss			5. 5. ETÉ 6.	3 STREET ADDRE	SS		☐ Change	Addition
STREET ADDRES				5. 5. ETÉ 6. 6.	3 STREET ADDRE			☐ Change	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 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 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:

REQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR