

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 # P98000017438

1. Corporation Name

BISCAYNE CAPITAL MANAGEMENT, INC.

Principal Place of Business

11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408

Mailing Address

11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90162 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65-0818968

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 1650 SE 17th St. Causeway

Suite, Apt. #, etc.

22 Suite 204

City & State

23 Ft. Lauderdale, FL 33316

Zip

Country

24

2a. Mailing Address

26 1650 SE 17th St. Causeway

Suite, Apt. #, etc.

27 Suite 204

City & State

28 Ft. Lauderdale, FL 33316

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

Thomas J. Ryan III

82 Street Address (P.O. Box Number is Not Acceptable)

1650 SE 17th St. Causeway, Suite 204

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33316

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

Thomas J. Ryan III 4/19/99

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 DPT ☒ DELETE

NAME Thomas P. Krasner

STREET ADDRESS 1650 SE 17th St., Suite 204

CITY-ST-ZIP Ft. Lauderdale, FL 33416-1735

TITLE DVP ☒ DELETE

NAME Michael C. Bowen

STREET ADDRESS 1650 SE 17th St., Suite 204

CITY-ST-ZIP Ft. Lauderdale, FL 33416-1735

TITLE S ☒ DELETE

NAME Alice Kowonezyk

STREET ADDRESS 1650 SE 17th St., Suite 204

CITY-ST-ZIP Ft. Lauderdale, FL 33416-1735

TITLE D ☒ DELETE

NAME Stephen Massey

STREET ADDRESS 1650 SE 17th St., Suite 204

CITY-ST-ZIP Ft. Lauderdale, FL 33416-1735

TITLE D ☐ DELETE

NAME Thomas Ryan

STREET ADDRESS 1650 SE 17th St., Suite 204

CITY-ST-ZIP Ft. Lauderdale, FL 33316-1735

TITLE D ☒ DELETE

NAME Robert Schoenthal

STREET ADDRESS 1650 SE 17th St., Suite 204

CITY-ST-ZIP Ft. Lauderdale, FL 33416-1735

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 REQUIRED

Thomas J. Ryan III 4/19/99

954-745-1200

Date

Daytime Phone #

CR2E034 (11/98)