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 # P98000025698

1. Corporation Name

THE MANAGEMENT COMPANY, INC.

SIGNATURE:

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90010 044 ***150.00



Principal Place	of Business	Mailing Address		
221 PONTE VEDRA PARK DR., STE. 400 221 PONTE VEDRA PARK DR.,			STE. 400	
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 3200			182	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				1 - 1 - 1 - 1
		T = 14 (0) Add		03/18/1998 4. FEI Number Applied For
	ace of Business	2a. Mailing Address	المادراسا	
W - 1 - 1	Home Vedratare UV		(MHAKK)	
Suite, Apt. :	#, etc.	Suite Apt. # etc.		5. Certificate of Status Desired Fee Required
22 Dute	<u> </u>	27 = JULE 100		
City & State	1 . 2 . 1 . 5	City & State	Read.	6. Election Campaign Financing \$5.00 May Be
23 MHC	veam Deach I	28 POYTO VEANT	- CHEN	Trust Fund Contribution Added to Fees
Zp	Country	- 22D27 -	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24 <u>52,08</u>	25 USH	29 32082 30	yor	P
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
GOLDBERG, MARVIN H				
		nn.	82 Stre	eet Address (P.Q. Box Number is Not Acceptable)
221 PONIE VEURA PARK UK., SIE. 400				30 Home Vegina HAMIC DY Shure 160
PUN	re vedra beach FL 32082		83	
			84 CNV	85 Zip Code
			The state of the s	onte Vadina 15ch FL 32082
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-nam	ed corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of in familiar with and accept the obligation	Florida, Such change was auth	ionized by the co	proporation's board of directors. I hereby accept the appointment as registered
_	II familiar with and accept the obligation	Alder	a Oldidico.	i de la companya de
SIGNATURE	Signature, typed of printed name of registered agent a	nd title if applicable. // (NOTE: Re	aistered Agent signatu	ure required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	☐ Change 🛣 Addition
NAME			1.2 NAME	Datricia P. Sones
			1.3 STREET ADDRE	220 Pante year Parker Swlo 160
STREET ADDRESS	•		1.4 CITY-ST-ZIP	Ponte Veden Beach Pl 32082
CITY-ST-ZIP TITLE		☐ DELETE	2.1 TITLE	Change Addition
]			2.2 NAME	marin of Gridhera
NAME)				220 Date Hadra Dark Dr Suite 160
STREET ADDRESS		•	2.3 STREET ADDRE	D + 11 P = 2 - 1 E1 32092
CITY-ST-ZIP	- H-45-111-1	DELETE	2. 4 CITY-ST-ZIP	Change JAddition
TITLE		☐ DELETE	3.1 TITLE	Sample College
- NAME			3.2 NAME	SHITH GRAVER HOVE IN SINTE 160
STREET ADDRESS			3.3 STREET ADORE	255 220 Porte Vella, Here Dr State 100
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Ponta Vedina Beach Fl 32002
TITLE	•	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	Michael Jones I City III
STREET ADORESS			4.3 STREET ADORE	255 220 Ports ledinatoric by July 160
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Donte Verling Boach Fl 32.08Z
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRE	ess
			5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	\	1	6.2 NAME	
NAME	1		6.3 STREET ADDRE	ess
STREET ADDRESS	1\		6.4 CITY-ST-ZIP	
CITY-ST-ZIP	partify that the intermetion countied with	this filing does not qualify for th	e evention sto	ated in Section 119 07(3)(i) Florida Statutes I further certify that the information
14. I nereby c	erary that the injormation supplied with on this annual report or supplemental b	unts ming goes not quality for the	te and that my s	signature shall have the same legal effect as if made under oath; that I am an
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 stunial 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 receive on 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 attactional with an address, with all other like empowered.				
DIQCK 12 (or o louck io, ir criadroµamp, or o ⊓ am artagomor	HOLE WILL ALL AUGIESS, WILL 21 O	mer ave embowe	0,04.