

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029483

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: MILESTONE FT. MYERS MANAGEMENT, INC.

**Current Principal Place of Business:**

13353 N. CLEVELAND AVE  
FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N MILITARY TRAIL  
STE 349  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 65-0825068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEDNICK, SANDER  
C/O MILESTONE CAPITAL CORPORATION  
5835 NW 21ST WAY  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEDNICK, SANDER  
Address: 5835 NW 21ST WAY  
City-St-Zip: BOCA RATON, FL 33496

Title: STD ( ) Delete  
Name: WACHTELL, MICHAEL  
Address: 5835 NW 21ST WAY  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDER MEDNICK

PD

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date