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

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

03-22-1999 90069 002 ***150.00

DOC UMENT # P98000038715

BY & C MANAGEMENT, INC.

Principal Place of Business	Mailing Address		6 18400840 008 18181 18101 88111 88111 88111	. 111-0- (#165 (###: 11##: #171 1##)
22 SOUTH TUTTLE AVENUE #4 SARASOTA FL 34237	22 SOUTH TUTTLE AVENUE SARASOTA FL 34237	#4	DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	SPACE
			04/29/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0832987	Not Applicable
Suite, 'Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	ويند ويستنسخ والمالي والمالي	Trust Fund Contribution	Added to Fees ~
Zip Country	Zip	Country	8. This corporation owes the current year In	
24 25	29 3	0	Personal Property Tax.	Yes No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
		81 Name		
FITZGIBBONS, THOMAS M ESQ		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
22 SOUTH TUTTLE AVENUE #4	Suco. Add	() () () () () () () () () ()		
SARASOTA FL 34237		83		
•		84 City		85 Zip Code
i		84 City	FL	
agent. I am familiar with, and accept the obligation of the state of t		egistered Agent signature requil		
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME , YOUNKER, ROBERT A		1.2 NAME		
STREET ADDRESS 22 SOUTH TUTTLE AVENUE	1 4	1.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34237		1.4 CITY+ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2, 4 CITY-ST-ZIP		<u> </u>
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
= NAMF =	in the same same	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	,	3.4. CITY-ST-ZIP		
TITLE .	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME :		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
IIILE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	•	5.4 CITY-ST-ZIP		
OHITOTELL	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 changes by office an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS