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 # P98000041283

1. Corporation Name

CADDO MANAGEMENT CORP.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90142 008 ***150.00



Principal Place	of Business	Mailing Address				{	(5 (8)8) 19111 88111 88	iii 40iii 80ii 01	ANI ITRIN TINDI	18100 1111 1891
3625 PEMBROKE ROAD 3625 PEMBROKE ROAD							-			
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021										
							DO NOT WRI	TE IN THIS S	PACE	
						3. Date Incorpor 05/07/199				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Ар	plied For
21	,	26	1			i25-08	45236	,	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75 A	dditional
22		27	27			5. Certifcate of S	tatus Desired		Fee Re	quired
City & State		City & State				6. Election Camp	aign Financing	П	\$5.00	May Be
23		28			_	Trust Fund Co	ontribution	<u> </u>	Added t	o Fees
Zip Country Zip			Cour	itry		8. This corporati		•	ngible □ Yes	X No
24	9. Name and Address of Currer		1301			10. Name and A		Registered A	gent	
	5. Name and Address of Curren	it itegistered Agent		81 N	lame			¥——	_	
ROSE	NBERG, ARTHUR R					(2.2.2.1)		-61-3		
4875 NORTH FEDERAL HIGHWAT			ì	82 S	treet Addre	ss (P.O. Box Numb	er is Not Accepta	able)		Ì
SEVENTH FLOOR			<u> </u>	83	_		· · · · · · · · · · · · · · · · · · ·			
FT LA								T 1 1		
				84 C	ity			FL	85 Zip (Lode
11 Pursuant tr	the provisions of Sections 607.050	2 and 607.1508. Florida State	utes, the at	ove-na	med corpor	ration submits this	statement for the	numose of c	hanging its	registered
office or re-	o the provisions of Sections 607.030 gistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was	authorized	by the	corporation	s board of director	s. I hereby accer	ot the appoint	tment as re	gistered
	n tamiliar with, and accept the obliga	mons of, Section 607.0505, r	ionda Statu	100.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent sigi	nature required	when reinstating)		DATE		
12.		D DIRECTORS	13.			ADDITIONS/C	HANGES TO OF	FICERS AND		
TITLE	PVST	☐ DELETE	1 1 TIT	Æ	Ì				☐ Change	Addition
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NAME STREET ADDRESS			63.ST	REET ADD	DRESS					į
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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 a attachment with arreddress, with all other like empowered.

SIGNATURE:

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