

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 # **P98000042531**

1. Corporation Name
SUBCO MANAGEMENT, INC.

Principal Place of Business
3101 N. FEDERAL HWY., #504
FT. LAUDERDALE FL 33306

Mailing Address
3101 N. FEDERAL HWY., #504
FT. LAUDERDALE FL 33306

2. Principal Place of Business 21 <i>6221 W. Atlantic Blvd</i>	2a. Mailing Address 26 <i>6221 W. Atlantic Blvd</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <i>Margate, FL</i>	City & State 28 <i>Margate, FL</i>
Zip 24 <i>33063</i>	Zip 29 <i>33063</i>
Country 25	Country 30

9. Name and Address of Current Registered Agent

QURESHI, DENISE
3101 N. FEDERAL HWY., #504
FT. LAUDERDALE FL 33306

81	Name <i>Denise Qureshi</i>
82	Street Address (P.O. Box Number is Not Acceptable) <i>6221 W. Atlantic Blvd</i>
83	
84	City <i>Margate</i> FL <i>33063</i> Zip Code

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 *Denise Qureshi* *Denise Qureshi, Pres* DATE *4-27-99*

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6221 W. Atlantic Blvd.</i>
NAME	QURESHI, DENISE A	1.2 NAME	
STREET ADDRESS	3101 N. FEDERAL HWY., #504	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	1.4 CITY-ST-ZIP	<i>Margate, FL 33063</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Denise Qureshi* REQ'D *Denise Qureshi* 4/26/99 954-972-9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 075 ****79.37

05-06-1999 90296 076 ****79.38



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