

05101999-90249-030-\$150.00-\$150.00

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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90249 030 ***150.00

*PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000049199					
1. Corporation Name DELROCK MANAGEMENT CORP.					
Principal Place of Business 3300 NW 27TH AVE POMPANO BEACH FL 33069			Mailing Address 3300 NW 27TH AVE POMPANO BEACH FL 33069		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 2075 N. Riverline Road 27 Suits, Apt. #, etc. 28 City & State 29 33069 Country		
3. Date Incorporated or Qualified 05/29/1998			4. FEI Number 65-0840474		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Election Campaign Financing ☐			\$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No					
8. Name and Address of Current Registered Agent MARZANO, PATRICK F 3300 NW 27TH AVE POMPANO BEACH FL 33069			9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4400 N. Ocean Blvd, Apt #821 83 City Fort Lauderdale FL 85 Zip Code 33308		
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 <i>Patrick F. Marzano</i> DATE <i>5.10.99</i>					
12. OFFICERS AND DIRECTORS ☐ DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition					
1.1 TITLE ☐ DELETE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
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)(f), 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 approvals.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)