## 8454-7 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000061941

MJM DIXIE MANAGEMENT CORPORATION

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90005 017 \*\*\*150.00



Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE. SUITE 0-305 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/14/1998 4. FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country Zip Zip □No ☐ Yes 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HABER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 82 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131 . 83 Zip Code 84 85 City 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME Schack, Michael NAME STREET ADDRESS 520 Brickell Key Drive, Suite 0-305 1.3 STREET ADDRESS Miami, FL 33131 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME Robert M. Haber 2.3 STREET ADDRESS 520 Brickell Key Dr., #0-305 Miami, Florida 33131 STREET ADDRE 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 cath; 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 attachment with an address, with all other like empowered.

SIGNATURE:

DC Assistant Secretary NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

CR2E034 (11/98)