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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000074628

1. Corporation Name
SIERRA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
216A N HARBOR DR. HOLMES BEACH FL 34217	216A N HARBOR DR. HOLMES BEACH FL 34217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1998

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 65-0870573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSEN, ROBERT M
2107A 63 AVE EAST
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name: ROBERT J SALLY
82 Street Address (P.O. Box Number is Not Acceptable): 216 A NORTH HARBOR DRIVE
83:
84 City: HOLMES BEACH FL 85 Zip Code: 34217

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: ROBERT J SALLY ROBT J Sally PRESIDENT APRIL 27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR AT LARGE	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	ROBERT ROSEN		1.2 NAME	ROBERT J SALLY	
STREET ADDRESS	2107A 63RD AVE EAST		1.3 STREET ADDRESS	8015 TIMBERLANE DR	
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY-ST-ZIP	TAMPA FL 33615-1673	
TITLE		☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			2.2 NAME	KAREN L BURNS	
STREET ADDRESS			2.3 STREET ADDRESS	216 A NORTH HARBOR DR.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	HOLMES BCH FL 34217	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 11 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robt J Sally — April 27/99 — 941-778-4249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #