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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P98000	0077139								
I. Corporation	NAME E MANAGEMENT CORPOF									
STATILITY	L MANAGEMENT COM CI	ATION								
Principal Place	e of Business	Mailing Address				115811681	118 18181 19111 98111			11110 1211 1001
9504 STARLITE	DRIVE	9504 STARLITE DRIV	/E							
RIVERVIEW FL	33569	RIVERVIEW FL 33569	9				DO NOT W	RITE IN THI	S SPACE	
					-	3. Date Incorpor			0 011102	
					ļ	09/03/199				
2. Principal Pl	lace of Business	2a. Mailing Address				a CCI November			Apr	olied For
21		26				<u>65-0</u>	86174	~	. Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	С.			5. Certificate of	Status Desired	. 🗆	\$8.75 A	
22		27							Fee Rec	
City & State	e	City & State			1	6. Election Cam		^{ig} □	\$5.00 r Added to	
23		28		Country		Trust Fund C				rees
Zip	Country	Zip	30	Journary		This corporatePersonal Pro		urrent year ii	Tlangible ☐ Yes	% .
24	9. Name and Address of Curre	29 Agent	30			10. Name and A		w Registered		
	5. Hame and Address of Confe	Trogistarea Maeria		81 Na	me		,			
	PORATE CREATIONS ENTERP	rises, inc.		82 Str	oot Addros	s (P.O. Box Numb	per is Not Acco	ntable)		
	PGA BOULEVARD #211			62 50	eer Audres	S (F.O. BOX NUME	Sel is Hot Your	placie		
PALI	M BEACH GARDENS FL 33418			83	-					
				1 1						
				84 (1					85 Zin C	Code I
	_			84 Cit	•			F	L 85 Zip C	
11. Pursuant	to the provisions of Sections 607.05	02 and 607, 1508, Phorida	Statutes, the		•	ation submits this	statement for the	he purpose o		
11. Pursuant	to the provisions of Sections 607.05 egistered altent, of both, to the state m amiliar with, and accepting oblig	02 and 607.1508, Riorida e of Floddal Such change ations of Section 607.056	Statutes, the was authoriz S, Florida Si		•	ation submits this s board of director	statement for the	he purpose o		
OF F	to the provisions of Sections 601.05 egistered agent, of both, 14the state m amiliar with, and schending oblig	ANCE (A)	170	e above-nar zed by the distatutes.	med corporation's	<u> </u>	statement for the statement fo	he purpose of cept the app		
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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 rue 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 chapter, or or an attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP