SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Sep 21, 1999 8:00 am Secretary of State 09-21-1999 90014 018 ***550 00

FILED

1999 DOCUMENT # P98000088184

F & S MANAGEMENT CORPORATION

Mailing Address Principal Place of Business 5405 NW 198TH TERR. 5405 NW 198TH TERR. MIAMI FL 33055 MIAMI FL 33055 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip This corporation owes the current year Zip Country Yes Intangible Personal Property. ^D 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JACKSON, FLEURISE A Street Address (P.O. Box Number is Not Acceptable) 82 5405 NW 198TH TERR. **MIAMI FL 33055** 83 84 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 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 Addition 1.1 TITLE DELETE TITLE 1.2 NAME JACKSON, FLEURISE A NAME 1.3 STREET ADDRESS 5405 NW 198TH TERR. STREET ADDRESS MIAMI FL 33055 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZiP CITY-ST-ZIP 3.1 TITLE TITLE DELETE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ____ Addition 4.1 TITLE TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE TITLE DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition TITLE DELETE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CHYST 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 any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to specific this report as required by Chapter 607. Florida Statutes; and that my name appears

SIGNATURE

an officer or director of # in Block 12 or Block 13 if

CiTY-ST-ZIP

2 W 1 2 OR DIRECTOR

CR2E034 (5/99)