

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$530 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000103970 1. Corporation Name EDMAR MANAGEMENT, INC.					
Principal Place of Business 535 OCEAN BLVD. GOLDEN BEACH FL 33160			Mailing Address 535 OCEAN BLVD. GOLDEN BEACH FL 33160		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/14/1998	
Suite, Apt., #, etc. 22		Suite, Apt., #, etc. 27		4. FEI Number 65-0881627	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent FAZIO, MARILYN F 535 OCEAN BLVD. GOLDEN BEACH FL 33160			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 (NOTE: Registered Agent signature required when reappointing)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-STATE-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-STATE-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-STATE-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-STATE-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-STATE-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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.					
SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

99 OCT 11 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/19/99 90012 036 \$150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)

8/16/99

Daytime Phone #

KE

PO#0000103970
608084-90012-37 2

EDMAR MANAGEMENT, INC.

535 Ocean Boulevard
Golden Beach, FL. 33160

Phone: 305-682-1123
Fax: 305-682-1124

FLORIDA DEPT. OF STATE
ANNUAL REPORTS FILING
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

I HAVE JUST RECEIVED THIS 2nd NOTICE CONCERNING A FILING FEE FOR MY RECENTLY OPENED CORPORATION. THIS IS THE FIRST NOTICE I HAVE EVER RECEIVED. AFTER CALLING, CONCERNED ABOUT NOT RECEIVING A PREVIOUS NOTICE, I WAS TOLD TO NOTIFY YOU OF THIS AND TO SUBMIT A CHECK FOR \$150.00.

ENCLOSED, PLEASE FIND A CHECK FOR \$150.00. #1706

THANKYOU,



MARILYN SELTZER