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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104369

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90043 003 ***150.00

LARMAR	MANAGEMENT, INC.								
Principal Plac	e of Business	Mailing Address				E SAKAN NANKI ABUSI BAKSI AA		81 930 11110 01	iil o 1011 iool
1501 CRESENT CIR. C/O CRESENT MANOR OFFICE 1501 CRESENT CIR. C/O CRESENT MANOR OFFICE			OFFICE	DO NOT WRITE IN		IN THIS S	PACE		
LAKE PARK FL 33403 LAKE PARK FL 33403					3. Date Incorpor				
					12/15/1998				}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	780905		Ap	plied For
21		26			65-08	180405		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			Status Desired [_	\$8.75 A	
22		27	 					Fee Re	
City & Stat	le	City & State			6. Election Cam			\$5.00	
23		28			Trust Fund C			Added t	o Fees
Zip	Country	Zip		untry	8. This corporat	ion owes the current	_	igibie ∐Yes .	ANO
24	9. Name and Address of Curren	29 Agent	30			ddress of New Reg			
	5. Name and Address of Curren	it Registated Agent		81 Name					
_ ktg&s registered agent corporation -				81 NampHEODORE F. GERSON					
1 00 S.E. 2ND ST., 28TH FLOO R				82 Street	Address (P.O. Box Number	OK DKIVE	2)		
MIAM	II FL 33131			83					
				84 City				85 Zin (Code.
				<i> f</i>	ITLANTIS	<i>'LANT15</i> FL [®] ダダ		462	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida \$	Statutes, the a	above-named	corporation submits this	statement for the pu	rpose of ch	nanging its	registered
office or r	registered agent, or both, in the State am lamiliar with, and scept the obliga	of Florida, Such change vitions of, Section 607.050	was autnorize 5, Florida Sta	a by the corp tutes.	oration's board of director			_	Jistered
SIGNATURE	Hundry F. Puro		F. GER	RSON		FEB.	16, 1	999	
	Signature, typed or printed name of registered ager		<u> </u>		equired when reinstating)	HANGES TO OFFIC	D		DC IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	 TILE	P.T.S.	HANGES TO OFFIC		Change	Addition
TITLE			126	AME	THEADORF F	GERSON			
NAME STREET ADDRESS			120	TOFET ANDRESS	THEODORE F. 367 GLENBR	OOK DRIVE			}
STREET ADDRESS				CITY-ST-ZIP	ATLANTIS, F	1. 33462			
CITY-ST-ZIP TITLE	 	☐ DELE		TILE	l v.			Change	Addition
NAME			AME	LARRY A. GE	RSON				
STREET ADDRESS			2.3 S	STREET ADDRESS	122 SEASHORE	DRIVE]
CITY-ST-ZIP			2.40	CITY-ST-ZIP	JUPITER, FL.	33 <i>477</i>			
TITLE			TF 21T					Change	☐ Addition
NAME	1	☐ DELE	3.11	TILE					
STREET ADDRESS		□ bete	- 4	AME				.	ļ
CITY-ST-ZIP		Dere	3.2 N						
TITLE			3.2 N 3.3 S 3.4.0	AME					
,		☐ DELE	3.2 h 3.3 S 3.4. (IAME STREET ADDRESS				Change	Addition
NAME			3.2 N 3.3 S 3.4.6 TE 4.1 T	IAME STREET ADDRESS CITY-ST-ZIP					Addition
			32 h 3.3 S 3.4.6 TE 4.1 T 4.2 I	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					Addition
NAME STREET ADDRESS CITY-ST-ZIP		[] DELE	32 N 33 S 34.0 TE 4.1 T 4.2 I 4.3 S 4.4 C	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	
NAME STREET ADDRESS CITY-ST-ZIP TTILE			3.2 N 3.3 S 3.4.4 TE 4.11 4.21 4.3 S 4.4 C	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		[] DELE	32N 33S 34.0 TE 4.1T 4.21 4.3S 4.4C TE 5.1T 5.2N	NAME STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY- ST- ZIP TITLE VAME				Change	
NAME STREET ADDRESS CJTY-ST-ZIP TITLE NAME STREET ADDRESS		[] DELE	32N 33S 34.0 TE 4.1T 4.21 4.3S 4.40 TE 5.1T 5.2N	NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS				Change	
NAME STREET ADDRESS CJTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE	32N 33S 34.6 TE 4.1T 4.21 4.3S 4.4.0 TE 5.1T 5.2N 5.3S 6.4.0	NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY- ST- ZIP				☐ Change	Addition
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FEB. 16, 1999