

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S08958** (8)

1. Corporation Name

**FIRSTBIRD MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

1920 PALM BEACH LAKES BLVD  
SUITE 113  
WEST PALM BEACH FL 33409

1920 PALM BEACH LAKES BLVD  
SUITE 113  
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified  
**10/26/1990**

3a. Date of Last Report  
**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1411 No. Flagler Drive**

26 **126 Dolphin Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 9800**

27

City & State

City & State

23 **West Palm Beach, Fla 33401**

28 **Palm Beach, Fla 33480**

Zip

Country

Zip

Country

24 **33401**

25

29 **33480**

30

4. FEI Number

**65-0230236**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURDETT, ARTHUR C**  
**1920 PALM BEACH LKS BLVD.**  
**SUITE 113**  
**WEST PALM BEACH FL 33409**

81 Name

**Burdett, Arthur C**

82 Street Address (P.O. Box Number is Not Acceptable)

**1411 North Flagler Drive Suite 9800**

83

84

**West Palm Beach**

**FL**

85

Zip Code

**33401**

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 I accept the conditions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and firm if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

**2/11/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURDETT, ARTHUR C</b>	
STREET ADDRESS	<b>1920 PALM BEACH LKS BLVD</b>	
CITY - ST - ZIP	<b>WEST PALM BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Burdett, Arthur C</b>	
1.3 STREET ADDRESS	<b>1411 North Flagler Drive, Suite 9800</b>	
1.4 CITY - ST - ZIP	<b>West Palm Beach, Florida 33401</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Burdett, Fanny J.</b>	
2.3 STREET ADDRESS	<b>126 Dolphin Rd</b>	
2.4 CITY - ST - ZIP	<b>Palm Beach, Florida 33480</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Burdett, Christopher C</b>	
3.3 STREET ADDRESS	<b>3601 So. Flagler Drive</b>	
3.4 CITY - ST - ZIP	<b>West Palm Beach, Florida 33405</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/96**

**(407) 644-7776**

CR2E034 (12/95)