## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90108 018 \*\*\*158.75



THOMAS	s m. Kann managemen	T, INC.									
Principal Place	e of Business	Mailing Add	ress				-		11851 MIMIL M		
5700 COLLINS		5700 COLLIN	_								
8H		8H									
MIAMI BEACH	FL 33140		MIAMI BEACH FL 33140					WRITE IN THIS	SPACE		
US	·	US					3. Date Incorporated or Qual	fed			
							08/26/1991				
2. Principal Pl	lace of Business	2a. Mailing A	Address				4. FEI Number		<u> </u>	Applied	
21		26					65-0307024		60.7	Not Ap	plicable =
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.				5. Certifcate of Status Desire	d ⊠(	+	a Require	
22		27 City & S	tato	4.10			6 Flanking Community Finance	·			
City & State	e ·	<u>├</u>	lale				6. Election Campaign Finance Trust Fund Contribution	ing 🗆		<b>00</b> May led to Fe	
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Zip	Country	29	1	30	,		This corporation owes the Personal Property Tax.	ouncest Acat III	Yes		lo Ì
24	9. Name and Address of Curi			201			10. Name and Address of No	ew Registered	_=		
	Italie and Address of Call	· · · · · · · · · · · · · · · · · · ·	I		81 N	ame		X			
THO	MAS, KANN M			1							$\longrightarrow$
	O COLLINS AVE., 8H			1	<b>82</b> Si	treet Addre	ess (P.O. Box Number is Not Acc	eptable)	•		
	TE 126			-  -	83			.,			
MIAN	MI BEACH FL 33140			L			1				
	• •			Į.	84 C	ity		FL	85	Zip Code	•
agent. I a	im familiar with, and accept the obl	igations of, Section (	607.Ŏ505, Flo	rida Statul	tes.	corporation	n's board of directors. I hereby a				}
SIGNATURE	am familiar with, and accept the obli-	igations of, Section t agent and title if applicable.	607.0505, FIO	Registered A	ies.		when reinstating)	DATE			
	Signature, typed or printed name of registered a	agent and title if applicable.  AND DIRECTORS	607.0505, Floi (NOTE:	Registered A	IES. Agent sign			DATE	ND DIREC	CTORS	— IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered of OFFICERS  PSVT	agent and title if applicable.  AND DIRECTORS	607.0505, FIO	Registered A  13.  1.1 TITL	les. Agent sign		when reinstating)	DATE		CTORS	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS	igations of, Section 6 agent and title if applicable. AND DIRECTORS	607.0505, Floi (NOTE:	Registered A  13.  1.1 TITL  1.2 NAA	tes. Agent sign E AE	nature required	when reinstating)	DATE	ND DIREC	CTORS	— IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS  5700 COLLINS AVE., SUITE	igations of, Section 6 agent and title if applicable. AND DIRECTORS	607.0505, Floi (NOTE:	Registered A  13.  1.1 TITL  1.2 NAA  1.3 STR	Agent sign  E  REET ADO	nature required	when reinstating)	DATE	ND DIREC	CTORS	— IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS	igations of, Section of agent and title if applicable.  AND DIRECTORS	(NOTE:	Registered A  13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	tes. Agent sign .E .KE KEET ADO Y-ST-ZIP	nature required	when reinstating)	DATE	ND DIREG	CTORS	IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS  5700 COLLINS AVE., SUITE	igations of, Section of agent and title if applicable.  AND DIRECTORS	607.0505, Floi (NOTE:	Registered A	Agent sign  E  ME  REET ADO  Y-ST-ZIP  E	nature required	when reinstating)	DATE	ND DIREC	CTORS	— IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS  5700 COLLINS AVE., SUITE  MIAMI BEACH FL	igations of, Section of agent and title if applicable.  AND DIRECTORS	(NOTE:	Registered A  13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA	Agent sign  E  REET ADD  Y-ST-ZIP  E	RESS	when reinstating)	DATE	ND DIREG	CTORS	IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS  5700 COLLINS AVE., SUITE  MIAMI BEACH FL	igations of, Section of agent and title if applicable.  AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	Agent sign  E  AE  REET ADO  Y-ST-ZIP  E  ME  REET ADD	RESS	when reinstating)	DATE	ND DIREG	CTORS	IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS  5700 COLLINS AVE., SUITE  MIAMI BEACH FL	igations of, Section of agent and title if applicable.  AND DIRECTORS	(NOTE:	Registered A  13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 2.4 CITTL 2.4 CITTL 2.5 TITL 2.6 TITL 2.7 TITL 2.7 TITL 2.7 TITL 2.8 TITL 2.9 TITL 2.9 TITL 2.1 TITL 2.1 TITL 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITTL 3.5 TITL 3.5 TIT	Agent sign  E  REET ADD  Y-ST-ZIP  REET ADD  REET ADD  Y-ST-ZIP	RESS	when reinstating)	DATE	ND DIREG	CTORS	IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered of OFFICERS  PSVT  KANN, THOMAS  5700 COLLINS AVE., SUITE  MIAMI BEACH FL	igations of, Section of agent and title if applicable.  AND DIRECTORS	(NOTE:	Registered A   13.   1.1 TITL   1.2 NAA   1.3 STR   1.4 CIT   2.1 TITL   2.2 NAA   2.3 STR   2.4 CIT   3.1 TITL   3.1 T	LE AGE TADO Y-ST-ZIP REET ADO Y-ST-ZIP REET ADO Y-ST-ZIF	RESS	when reinstating)	DATE	ND DÍREC	CTORS	IN 12 Addition Addition
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14. I hereby certify that the information supplied with this flind 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 flustee 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, with all other like empowered.

**SIGNATURE:** 

CR2E034 (11/98)