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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90057 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S85100

1. Corporation Name

MANAGEMENT STRATEGIES & INVESTMENTS, INC.



Principal Place of Business

4100 E. MISSISSIPPI AVE
SUITE 300
DENVER CO 80222
US

Mailing Address

5959 CENTRAL AVE
S201
ST PETERSBURG FL 33710
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

59-3087916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4865 DAKOTA BLVD
Suite, Apt. #, etc.

22 BOULDER, CO
City & State

23 80307
Zip

Country

24

25

2a. Mailing Address

26 7235 FIRST AVE. SO.
Suite, Apt. #, etc.

27
City & State

28 ST. PETERSBURG, FL
Zip

Country

29

30

USA

9. Name and Address of Current Registered Agent

VERONA, & F PA
7235 FIRST AVENUE SOUTH
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

VERONA LAW GROUP, P.A.

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

7235 FIRST AVE. SO.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33707

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE BY: JAY VERONA, PRES. (JAY VERONA)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
GREEN, BENJAMIN I
STREET ADDRESS 4865 DAKOTA BLVD
CITY-ST-ZIP BOULDER CO 80304-4322

TITLE ☐ DELETE

NAME ST
OLESH, GERALD
STREET ADDRESS 480 S. MARION PKWY #1204
CITY-ST-ZIP DENVER CO 80209-2591

TITLE ☐ DELETE

NAME D
GREEN, BEATRICE
STREET ADDRESS 4865 DAKOTA BLVD
CITY-ST-ZIP BOULDER CO 80304-4322

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99 303-4496110

CR2E034 (1/98)

0624764