FIL	E NOW: FILING FEE /	AFTER MAY 1ST I	S \$550.00		· CD
PROFIT FLOR		FLORIDA DEPAR	RTMENT OF STATE	¬ FILED	
CORPORATION		Sandra B. Mortham		Jan 22 1998 8:00am	
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		Secreta	ry of State		96 6.00am
	1998	DIVISION OF C	CORPORATIONS	Secretar	ry of State
1. Corporation	MENT # S96974 MANAGEMENT INC:	4 (8)	-	Jecretai	y of State
7440	WINTERN MO				
Principal Place of Business Mailing Address					AC BEREE BEREE OF BEEF BIRTH BEREE 1001
2600 S. OCEAN BLVD., #15A 2600 S. OCEAN BLVD., # BOCA RATON FL 33432 BOCA RATON FL 33432			15A	DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				11/27/1991	
└	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0298230	Not Applicable
22 City & Stat		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	-	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	9. Name and Address of Curren		30	Personal Property Tax due June	
1/0		it Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
NOZAN, AANON					
BOCA RATON FL 33432				ress (P.O. Box Number is Not Acceptal	ole)
! :			83		
			84 City .		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	s, the above-named corruthorized by the corpora	poration submits this statement for the ption's board of directors. I hereby acception	ourpose of changing its registered of the appointment as registered
SIGNATURE	MANUTE AND STREET	HIORS OF, SECTION 607.0505, PIO	rioa Statutes.		8 bran 88.
			Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	KOZAK, AARON		1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	2600 S OCEAN BLVD 15A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C Gridings C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY~ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	• • • • • • • • • • • • • • • • • • • •	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
Street address			6.3 STREET ADDRESS		

6.3 STREET ADDRESS

1/10/98

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 of 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.

ERUPASS

SIGNATURE: