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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18723

CAICOS MANAGEMENT, CORP.

(9)

Mailing Address

## FILED May 11 1998 8:00am Secretary of State



150 OCEAN L UNIT 5-H. ISL KEY BISGAYN	AND BREAKERS CONDOMINIUM	150 OCEAN LANE DRIVE UNIT 5-H. ISLAND BREAKE KEY BISCAYNE FL 33149	UNIT 5-H. ISLAND BREAKERS CONDOMINIUM		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					03/04/1992		
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	App	lied For
21		26			65-0315671		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e 	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 N Added to	•
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29 3	0				No
	9, Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered A	gent	
NOSENDENG, DOWNED S.				Name			
ROSENBERG, REISMAN, STEIN & DENNIS ONE S.E. 3RD AVENUE, SUITE 2600				Street Addre	ess (P.O. Box Number is Not Acceptable)		
MU	AMI FL 33131		83				
			84	City	FL	<b>85</b> Zip Co	ode
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 agont, 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	Signature, typed or printing name of registered age	nt and little if applicable (NOTE F	legislered Agent	signature require	ed when reinstating) DATE		<del></del>
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RECKNOR, TERRI L.		1.2 NAME				
STREET ADDRESS			1.3 STREET AD	DRESS			
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-	ŽIP			
TITLE	D	☐ DELETE 2.1 T			. [	Change	☐ Addition
NAME	RECKNOR, TERRI L.		2.2 NAME				
STREET ADDRESS	150 OCEAN LANE DR #5-H		2.3 STREET AD	DRESS			
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY-ST-ZIP				
TITLE	DELETE 3.1 T		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AD	DRESS			
CITY+ST-ZIP			3.4. CITY - ST -	ZIP			_
TITLE		L.) DELETE	4.1 TITLE		ı	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-ST-ZIP			4.4 CITY - ST - 7	ZIP			<b>—</b>
TITLE		☐ DELETE	5.1 TITLE		Į.	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD	1			
CITY-ST-ZIP		T priese	5.4 CITY- ST-2	ZIP		Channe	Agleidan
TITLE		☐ DELETE	6 1 TITLE	1	ı	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AD	I			
City-St-ZiP	partify that the information symplectic	ith this films does not qualify for	64 CITY-ST-2		Section 119.07(3)(i), Florida Statutes. I further cert	tifu that the i	nformation
indicated officer or	on this annual report or supplementa	I annual report is true and accur- liver or trustee empowered to ex-	ate and that i	my signatur	re shall have the same legal effect as if made und lired by Chapter 607, Florida Statutes; and that m	der oath; that	I am an