Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90022 017 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # MAO

<ol> <li>Corporation</li> </ol>	NAGEMENT AND REALTY	INC.				
Principal Place of Business Mailing Address					[	
570 57TH AVE. BRADENTON FL	WEST. #107	PO BOX 10 BRADENTOI				
		US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 06/08/1992
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26				65-0381959 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
22		27	06-1-			
City & State	• -	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28     Zip		Country	1	
Zip	Country		30	- ·		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	9. Name and Address of Curren	29 29 A		<u>'l</u>		10. Name and Address of New Registered Agent
			90111	81	Name	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,
MARONE, <del>ROVERT</del> ROBERT 570 57TH AVE WEST				82	Street A	Address (P.O. Box Number is Not Acceptable)
#107		•		83		
BRAI	DENTON FL 34207			94	City	85 Zip Code
				84	1 1	FL   T
11. Pursuant office or reagent. I as	1 Cattya	in	<u> </u>	CUT	MAG	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
40	Signature, typed of printed name of registrated age	nt and title if applicable	I (NOTE: Re	13.	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	p OFFICERS AN	D DIRECTORO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARONE, ROBERT			1.2 NAME		
STREET ADDRESS	9150 BLIND PASS RD., #305				T ADDRESS	570 57 ANE WEST, #107
	SARASOTA FL 34242		1.4 CITY-ST-ZIP		BRADENTON FL 34207	
CITY-ST-ZIP TITLE	SALVANIA OFFICE		DELETE	2.1 TITLE		Change Addition
NAME	34			2.2 NAME		MARINE CHARLOTTE A. 570 57 TA AVE WEST #107
					T ADDRESS	570 57 TA AVE WEST #107
STREET ADDRESS				2.4 CITY-5		BRADENTON FL 34207
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE	31-22	☐ Change ☐ Addition
NAME				3.2 NAME		, – -
					T ADDRESS	
STREET ADDRESS				3.4. CITY-5		
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	)1-ZIF	☐ Change ☐ Addition
NAME			_	4. 2 NAME		
STREET ADDRESS					T ADDRESS	
				4.4 CITY-S		•
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	. 25	☐ Change ☐ Additio
NAME			-	5.2 NAME		
STREET ADDRESS				5.3 STREE	T ADDRESS	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME			-	62 NAME		,

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 suppliemental approal 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 of 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 op an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP