

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90173 030 \*\*\*150.00

DOCUMENT # V45368

1. Corporation Name

PARTISAN MANAGEMENT GROUP, INC.

Principal Place of Business

15600 NORTHWEST 67TH AVE  
SUITE 310  
MIAMI LAKES FL 33014  
US

Mailing Address

15600 NW 67TH AVENUE  
SUITE 310  
MIAMI LAKES FL 33014  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/23/1992

4. FEI Number

65-0348124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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 7026 Timbers Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 7026 Timbers Drive  
Suite, Apt. #, etc.

City & State

23 Evergreen, CO  
Zip Country

24 80439 25 USA

City & State

28 Evergreen, CO  
Zip Country

29 80439 30 USA

9. Name and Address of Current Registered Agent

WELDON, NORMAN R.  
2968 BIRKDALE 3200 N. Ocean Blvd. # 2610  
FORT LAUDERDALE FL 33332-33308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT  
NAME WELDON, NORMAN R.  
STREET ADDRESS 2968 BIRKDALE  
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE PS  
NAME CASSIDY, KAREN J  
STREET ADDRESS 1025 CREEKFORD DR  
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME CT Weldon, Norman R.  
1.3 STREET ADDRESS 3200 N. Ocean Blvd. # 2610  
1.4 CITY-ST-ZIP Ft. lauderdale, FL 33308

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME PS Cassidy, Karen J.  
2.3 STREET ADDRESS 2104 Bluff St.  
2.4 CITY-ST-ZIP Boulder, CO 80304

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:

Norman R. Weldon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 1999  
Date

954-563-5196  
Daytime Phone #

CR2E034 (1/98)