## 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

## DOCUMENT # V53791 1. Corporation Name

AU MANAGEMENT CORPORATION

FILED										
Feb	15,	1999	8:00am							
Sec	creta	ary of	f State							

02-15-1999 90032 012 \*\*\*150.00



Principal Place	of Business	Mailing Address						
4521 PGA BLVD	_	4521 PGA BLVD.						
#330		#330	-NO EL 20241	<b>.</b>		DO NOT WRITE IN	THIS SPACE	
	ARDENS FL 33418	PALM BEACH GARDE	:NS FL 33410	5		3. Date Incorporated or Qualifed		-
US		US				07/29/1992		
		La Mailing Address				4. FEI Number	Ap	plied For
2. Principal Pla	ace of Business	2a. Mailing Address				22-3192865	<u> </u>	t Applicable
21		26					\$8.75	Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc	<i>.</i> .			5. Certifcate of Status Desired	Fee Re	
22		27				6. Election Campaign Financing	\$5.00	May Be
City & State	•	City & State				Trust Fund Contribution	Added 1	•
23		28		ountry		8. This corporation owes the current ye	ar Intangible	
Zip	Country	Zip		.ouisu y		Personal Property Tax.	Yes	₩ÎNo
24	25	29	30			10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Current	kegistered Agent		81	Name	in in its contract to the second		
TEOC	SLER, DANIEL						· . · · · · ·	
				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	PGA BLVD.			00		- Constant State (1975年 日本 Page 1276年 日本 - Constant (1975年 日本 Page 1276年 日本 Page 12	THE STATE OF	NY 15:13:1
STE.	A DEACH CARDENC EL 22440			83		1000 1000 1000 1000 1000 1000 1000 100	網額問制制	個四個層
PALI	M BEACH GARDENS FL 33418			84	City	· · · · · · · · · · · · · · · · · · ·	Et 85 Zip	Code
							FL	registered
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida	Statutes, the	e above-	-named corp he comorat	poration submits this statement for the purpoion's board of directors. I hereby accept the	appointment as re	egistered
	egistered agent, or both, in the State on familiar with, and accept the obligation				ne corporat	, ,		
15	in leithing thirt and accept the cange.	•					···	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Registe	ered Agent	signature requir	an when lamstrong)	TE AND DIRECT	ODC IN 42
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	Addition
TITLE	CD	☐ DELE	ETE 1.1	1 TITLE			CT change	□ Accidon
NAME	TESSLER, DANIEL		1.5	2 NAME			•	
STREET ADDRESS	4521 PGA BLVD., #330		1.3	.3 STREET	ADDRESS			
	PALM BEACH GRADENS FL		1.	4 CITY-ST-	-ZIP			
CITY-ST-ZIP TITLE	PD	☐ DELE	ETE 2.	.1 TITLE			☐ Change	Addition
	KAHN, HANS H		2	2 NAME	Ì			
NAME.	D.D. & MOVIE HOLLOW DD							
STREET ADDRESS			2.	.3 STREET.	ADDRESS			
CITY-ST-ZIP				.3 STREET.	ļ		· ·	
TITLE	CAMBRIDGE NY	□ DELI	. 2.	. 4 CITY- ST	ļ		□ Change	Addition
		☐ DELI	ETE 3.	. 4 CITY-ST	ļ	<u>,                                      </u>	☐ Change	Addition
NAME	CAMBRIDGE NY	☐ DELI	ETE 3.	. 4 CITY-S1 1.1 TITLE 1.2 NAME	T-ZIP		Change	Addition
STREET ADDRESS	CAMBRIDGE NY	☐ DELI	2. ETE 3. 3.	. 4 CITY-ST 11 TITLE 12 NAME 13 STREET	T-ZIP  ADDRESS	· (4) 20 音音器 編纂	☐ Change	Addition
2.7	CAMBRIDGE NY		2. ETE 3. 3. 3.	. 4 CITY-ST 1.1 TITLE 1.2 NAME 1.3 STREET 1.4. CITY-ST	T-ZIP  ADDRESS		☐ Change	A STATE OF THE STA
STREET ADDRESS	CAMBRIDGE NY	□ DELI	2. ETE 3. 3. 3. 3. ETE 4.	. 4 CITY-SI .1 TITLE .2 NAME .3 STREET .4. CITY-SI .1 TITLE	T-ZIP  ADDRESS			A STATE OF THE STA
STREET ADDRESS	CAMBRIDGE NY		2. ETE 3. 3. 3. 3. ETE 4.	1. 4 CITY-SI 1.1 TITLE 1.2 NAME 1.3 STREET 3.4 CITY-SI 1.1 TITLE 1.2 NAME	T-ZIP  ADDRESS T-ZIP			A STATE OF THE STA
STREET ADDRESS CITY-ST-ZIP TITLE	CAMBRIDGE NY		2. ETE 3. 3. 3. 3. ETE 4.	. 4 CITY-SI .1 TITLE .2 NAME .3 STREET .4. CITY-SI .1 TITLE	T-ZIP  ADDRESS T-ZIP	2000年 - 100年 -		A STATE OF THE STA
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAMBRIDGE NY	☐ DELI	2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	1. 4 CITY-SI 1.1 TITLE 1.2 NAME 1.3 STREET 3.4 CITY-SI 1.1 TITLE 1.2 NAME	T-ZIP  ADDRESS T-ZIP  ADDRESS	2000年,1200年,1200年 2000年,1200年,1200年 2000年,1200年,1200年	- 2時では、背景では 大学では、一Change	City City (1)
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAMBRIDGE NY		2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. ETE 5	.4 CITY-S1 .1 TITLE .2 NAME .3 STREET .4 CITY-S1 .1 TITLE .2 NAME .3 STREET .4 CITY-S1 .4 TITLE	T-ZIP  ADDRESS T-ZIP  ADDRESS			(社) (社) を記れ、社会報告 と学 <b>P Additio</b> r
STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAMBRIDGE NY	☐ DELI	2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. ETE 5	1.4 CITY-ST 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 1.2 NAME 1.3 STREET 1.4 CITY-ST	T-ZIP  ADDRESS T-ZIP  ADDRESS		- 2時では、背景では 大学では、一Change	City City (1)
STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAMBRIDGE NY	☐ DELI	2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. ETE 5. 5.	.4 CITY-S1 .1 TITLE .2 NAME .3 STREET .4 CITY-S1 .1 TITLE .2 NAME .3 STREET .4 CITY-S1 .4 TITLE	T. ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP		- 2時では、背景では 大学では、一Change	City (1)
STREET ADDRESS CITY-ST-ZIP, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAMBRIDGE NY	☐ DELI	2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. ETE 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	2.4 CITY-S1 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 1.1 TITLE 1.4 CITY-S1 1.5 TITLE 1.5 NAME	T. ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMBRIDGE NY  THE STATE OF THE	☐ DELI	2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. ETE 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	.4 CITY-S1 .1 TITLE .2 NAME .3 STREET .4 CITY-S1 .1 TITLE .3 STREET .4 CITY-S1 .5 TITLE .5 NAME .5 STREET	T. ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP		- 2時では、背景では 大学では、一Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAMBRIDGE NY  THE STATE OF THE	☐ DELI	2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. 4. ETE 5. 5. 5. 5. 5. 5. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	. 4 CITY-S1 .1 TITLE .2 NAME .3 STREET .4 CITY-S1 .1 TITLE .4 STREET .4 TITLE .5 NAME .5 STREET .5 NAME	T. ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	CAMBRIDGE NY	☐ DELI	2. ETE 3. 3. 3. 3. 3. ETE 4. 4. 4. 4. 4. 4. ETE 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	. 4 CITY-ST .1 TITLE .12 NAME .13 STREET .4. CITY-ST .1 TITLE .1 STREET .4 CITY-ST .5. TITLE .5.2 NAME .5.3 STREET .5.4 CITY-ST .6.4 CITY-ST .6.5 TITLE	T. ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	CAMBRIDGE NY	☐ DELI	2. ETE 3. 3. 3. 3. ETE 4. 4. 4. 4. ETE 5. 5. 5. 6. 6.	. 4 CITY-ST .1 TITLE .12 NAME .13 STREET .4. CITY-ST .1 TITLE .1 STREET .4 CITY-ST .5. TITLE .5.2 NAME .5.3 STREET .5.4 CITY-ST .6.4 CITY-ST .6.5 TITLE	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  T ADDRESS T-ZIP		Change	Addition

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 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 indicated on this annual report 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE: