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 Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90135 024 ***150.00



R. S. OLSON PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address				<u> </u>	-
5704 MANATEE AVE W BRADENTON FL 34209-2539		5704 MANATEE AVE W BRADENTON FL 34209-2539			DO NOT WRITE IN THIS SPACE
US		U\$			3. Date Incorporated or Qualifed
					12/06/1989
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
2. 7 Thicipal Flace of Business		26			65-0161454 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country		у	8. This corporation owes the current year Intangible
24	25	29 30	l		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	t Registered Agent	8	1 Name	10. Name and Address of New Registered Agent
OI SI	ON DICHADO S		ľ	. Italio	
OLSON, RICHARD S. 5704 MANATEE AVE W			82	2 Street Addre	ress (P.O. Box Number is Not Acceptable)
	DENTON FL 34209		8:	3	
2.01					
			84	4 City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autho	onzea o'	y tnę corporatio	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE		(NOTE 0		ent signature required	d when reinstating) DATE
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE		Change Addition
NAME	OLSON, RICHARD S.		1.2 NAME		
STREET ADDRESS	5704 MANATEE AVE W		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-	ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OLSON, RICHARD S.		2.2 NAME	:	
STREET ADDRESS	5704 MANATEE AVE W		2.3 STRE	ET ADDRESS	,
CITY-ST-ZIP	BRADENTON FL 34209		2. 4 CITY-	ST-ZIP	
TITLE		☐ D€LETE	3.1 TITLE		Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY-		· GALES
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	•		4. 2 NAMI	Ē	
STREET ADDRESS	·		İ	ET ADDRESS	
CITY-ST-ZIP		[] pci ctt	4.4 CITY-		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME]	☐ Change ☐ Addition
NAME				ET ADDRESS	
STREET ADDRESS			5.4 CITY-	1	
CITY-ST-ZIP	•	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		□ ₽₽₽₽ 1₽	6.2 NAME		- Similar
NAME				ET ADDRESS	
STREET ADDRESS			6.4 CITY-		
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 ontrustee enhowered 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/15/99

748-82/4 Daytime Phone #