


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90112 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000037040

1. Corporation Name
BIERSACK PROPERTY MANAGEMENT, INC.



Principal Place of Business 2640 GOLDEN GATE PARKWAY STE. 206 NAPLES FL 34105	Mailing Address 2640 GOLDEN GATE PARKWAY STE. 206 NAPLES FL 34105
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1998	
21. Principal Place of Business 13450 GREENGATE BLVD	2a. Mailing Address 13450 GREENGATE BLVD.
22. Suite, Apt. #, etc. APT. 316	27. Suite, Apt. #, etc. APT 316
23. City & State FORT MYERS, FL	28. City & State FORT MYERS, FL
24. Zip 33919	25. Country USA
29. Zip 33919	30. Country USA
4. FEI Number 59-3516601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSS, DONALD K JR. 2640 GOLDEN GATE PARKWAY STE. 206 NAPLES FL 34105		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERSACK, JOHANN	1.2 NAME	BIERSACK JOHANN
STREET ADDRESS	2640 GOLDEN GATE PARKWAY STE. 206	1.3 STREET ADDRESS	13450 GREENGATE BLVD APT. 316
CITY-ST-ZIP	NAPLES FL 34105	1.4 CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SCHAEFER - BIERSACK GABRIELE
STREET ADDRESS		2.3 STREET ADDRESS	13450 GREENGATE BLVD. APT 316
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Johann Biersack* Date: 01/08/99 Daytime Phone #: (941) 437-5048

CR2E034 (11/98)