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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Daylime Phone #

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 533053

(5)

CONDOR PROPERTY MANAGEMENT, INC.

									. MRII MIII
Principal Place of Business Mailing Address									
5000 N.W. 27 GAINESVILLE	TH COURT. STE E FL 32606	5000 N.W. 27TH COURT. STE E Gainesville fl 32608-6598							
						3. Date Incorporated or Qualified 05/05/1977	3a. Date 0		eport
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-1740639			t Applicable
Suita, Apt 22	# etc.	Suite, Apt. #, etc.	27			Certificate of Status Desired Section			
City & Sta	le	City & State				6. Election Campaign Financing		\$5.00	
23		28		n be		Trust Fund Contribution		Added t	
Z(p []}	Country	2 p	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	25 9. Name and Address of Curr		[30]	T		10. Name and Address of New Registered Agent			
QA.	BIS, WILLIAM R			61	Name				
	DO N.W. 27TH COURT, STE E								
	INESVILLE FL 32606			82	Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
O.A.	MAESAILLE FE SEGGO			63	<u> </u>				
								=1 =:	~ :
				84	City		FL	35 Zip (Code
office or agent. Its SIGNATURE	to the provisions of sections own registered agent, or both, in the Staten familiar with, and accept the obtaining the state of the sta	te of Florida. Such change wa igations of, Section 607.0505,	as authorize , Florida Stal	d by	y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby acceptions when reinstating	ot the appoint	ment as	registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
It! LE	PD	DELETE	1.1 TI	TLE				Change	Addition
NAME	SABIS, WILLIAM R.		1.2 N/	AME					
STREET ADDRESS	5000 NW 27TH CT. STE E		1.3 \$1	REET	ADDRESS				
OITY ST 70P	GAINESVILLE, FL 00000		1.4 0	TY - 5	ST-ZIP				
11"11	VP	☐ DELETE	2.1 Ti	TLE		VPT	L¢.	change	Addition
NAME	BANES, DEBRA		2.2 N	AME	7	Debra Banes.	•		
STIFFET ADDRESS		EET EAST	2.3 S	TREET	ADDRESS				
Citris: 7iP	GAINESVILLE FL	T DELETE			ST-ZIP			Change	Addition
TITLE		DELETE	3.1 Ti		ن ا	Sec Cabi	1	, Griange	Addition
MAME			3.2 N			Relocation of the Strain	I E		
STREET ADORESS					ADDRESS	5000 000 3 7 0 700	606		
CHY-ST-7IP TITLE		DELETE	3.4. U	_	ST-ZIP	Gainesully, Pl 32		Change	Addition
			4.21				_	· · · · · · · · · · · · · · · · · · ·	7.00
NAME STREET ADORESS					I ADDRESS				
City-St 7IP					ST-ZIP				
TITLE		DELETE	5.1 11					Change	Addition
NAME			5.2 N					-	
STREET ADDRESS					T ADDRESS				
CHY+S1 ZDF			i i		ST-ZIP				
TULE		DELETE	6.1 (Change	Addition
NAME			6.2 N	AME					
eroce Labouree			630	TOCCI	TANNECC				

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 supplymental 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 12 if changed, or or a unattachment with an address.

SIGNATURE: