2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Ner	MENT # F990000011 ST PROPERTY MANAGEMIORATED				Secret	ary or State
15 EAST 5TH STREET, SUITE 2700		Mailing Address 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103				
DO NOT WRITE IN THIS SPAC 8. Name and Address of Current Registered Agent				01072004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 73-1212602 Not Applicat 5. Certificate of Status Desired S8.75 Additional Fee Required		
790 EAST FORT LAU	H, ROBERT E BROWARD BOULEVARD, SUIT JDERDALE, FL 33301		IN .	NOT W	ACE	
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and		ed office of register d Agent signature required		th, in the State of Flor	ida. I am familiar with, and accept
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Acced to Fees			
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE PCS WILLIAMS, DALE 15 EAST 5TH STREET, SUITE 270 TULSA, OK 74103				uonoon	009311
TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP	T-ZIP FORT LAUDERDALE, FL 33316 ADDRESS T-ZIP ADDRESS			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

CHY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14(04

918-583-0938

Daytima Phone #