FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G24545** **(7)**

1. Corporation Name
PRIVATE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~225 N. SHADE AVENUE 207~~ P.O. BOX 343 SARASOTA FL 34230 US	~~225 NO SHADE AVENUE #207~~ P.O. BOX 343 SARASOTA FL 34230 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1983
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 930 N. Tamiami Tr. 704	Suite, Apt. #, etc. 27 930 N. Tamiami Tr. 704
City & State 23 P. O. Box 343 Sarasota FL	City & State 28 P. O. Box 343 Sarasota FL
Zip / Country 24 34230 / 25 Sarasota	Zip / Country 29 34230 / 30 Sarasota

4. FEI Number: 59-2273362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERLANDSON, EDWARD E. ~~225 NO. SHADE AVE. UNIT 207~~ SARASOTA FL ~~34237~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 930 N. Tamiami Tr. 704 83 P. O. Box 343 84 City: Sarasota FL 85 Zip Code: 34230

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	ERLANDSON, EDWARD E.	1.2 NAME	
STREET ADDRESS	~~225 NO. SHADE AVE. UNIT 207~~	1.3 STREET ADDRESS	930 N. Tamiami Tr. 704
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	ERLANDSON, MARION R.	2.2 NAME	
STREET ADDRESS	~~225 NO. SHADE AVE. UNIT 207~~	2.3 STREET ADDRESS	930 N. Tamiami Tr. 704
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ERLANDSON, DANIEL J.	3.2 NAME	
STREET ADDRESS	2417 SANTA MONICA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Edward E. Erlandson Edward E. Erlandson 4/21/95 813 362-3574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484072 FP