

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G51374** (8)  
1. Corporation Name  
**PRIMARY PROPERTY MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**1115 E. LIVINGSTON** **1115 E. LIVINGSTON**  
**ORLANDO FL 32803** **ORLANDO FL 32803-5717**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/26/1983		04/12/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2325175		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEARY, WILLIAM N 1100 PALMER AVE. WINTER PARK FL 32789				81 Name WILLIAM N LEARY			
				82 Street Address (P.O. Box Number is Not Acceptable) 1115 E LIVINGSTON ST			
				83			
				84 City ORLANDO			
				85 Zip Code 32803			

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 *William N Leary* WILLIAM N LEARY PRES 4/15/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE TITLE V NAME WISE, KAREN P STREET ADDRESS 136 OAKDALE ST CITY-ST-ZIP WINDEMERE FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP			
<input type="checkbox"/> DELETE TITLE ST NAME LEARY, TAMRA STREET ADDRESS 1100 PALMER AVE CITY-ST-ZIP WINTER PARK FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP			
<input type="checkbox"/> DELETE TITLE P NAME LEARY, WILLIAM N STREET ADDRESS 1100 PALMER AVE. CITY-ST-ZIP WINTER PARK FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			
<input checked="" type="checkbox"/> DELETE TITLE V NAME PETERSON, KAREN N STREET ADDRESS 707 PINETREE ROAD CITY-ST-ZIP WINTER PARK FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP			
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP			
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *William N Leary* WILLIAM N LEARY 4/15/97 (4/17) 841-1115

CR2E034 (9/96)