FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J90156 **DOCUMENT #**

(7)

1. Corporation Name

PROPERTY MANAGEMENT & LEASING, INC. Principal Place of Business Mailing Address 4560 LENOX AVE. P.O. BOX 40105 JACKSONVILLE FL 32205 US											
03								3. Date Incorporated or Qualified 09/01/1987	3a. D	ate of Last R 01/23/1	eport 995
2. Principal Pla	ace of Busin	ess	2a. M	2a. Mailing Address				4. FET Number Applied For 59-2838630 Not Applied For			Applied For Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State)		+	City & State			Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees			
Z _I p Country 25			29 Zı	Zip Country 30			,		s 🗖 No		199.032,
	9. Name	and Address of Curre	nt Register	ed Agent				10. Name and Address of New	Register	ed Agent	·
OLCO	NINOD IO	LIKI W/				81	Name				
O'CONNOR, JOHN W. 4560 LENOX AVE JACKSONVILLE FL 32205						82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
JACK	SONVILLE	FL 32205				83	ļ				
						84	City		F	L 85 7	p Code
SIGNATURE		pt the obligations of, Sec or proted have of registered age: OFFICERS AN	Land the mappi	ace (f		eq.A l	ៅ នុដ្ឋាជាពេច មេប្រាត	d when recisions) ADDITIONS/CHANGES TO OF	DATI)RS IN 12
12. 1:[[:[PD	OFFICE AS AF	ID BINEOTC	DELETE	111	ITLE		ABBITIONAL OF ANGES TO OF	TTOE TO	Change	Addition
NAME STREET ADDRESS CITY - ST. ZIP	4560	NNOR, JOHN W. LENOX AVE (SONVILLE FL			1 2 N 1.3 S	AME Treet	T ADDRESS ST ZIP				_
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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 119.07(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 Bloch

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE;

NAME

STREET ADDRESS

CHTY-ST-ZIP

Comme / John W. O'CONNIR 2/26/96
265 DENT 13 if changed, or on an attachment with an address U_{ij}