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Feb 11 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 # K26097 (1)

1. Corporation Name
PIONEER PROPERTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
PO BOX 1764 PO BOX 1764
WINTER HAVEN FL 33884-8764 WINTER HAVEN FL 33882-1764
US US

3. Date Incorporated or Qualified 06/10/1988 3a. Date of Last Report 02/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 6370 Cyp Gardens Blvd
22 City & State 27 Winter Haven, FL
23 Zip 28 33884 29 30 POLK

4. FEI Number 59-2894302 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

CAMERON, ROBERT E., JR.
2610 PAMELA DR., SE
WINTER HAVEN FL 33884

81 Name CAMERON, Robert E., Jr
82 Street Address (P.O. Box Number is Not Acceptable) 6370 Cyp Gardens Blvd
83 Winter Haven, FL
84 City Winter Haven, FL 85 Zip Code 33884

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 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	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, ROBERT E., JR.	1.2 NAME	
STREET ADDRESS	2610 PAMELA DR., SE	1.3 STREET ADDRESS	6370 Cyp Gardens Blvd
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	Winter Haven, FL 33884
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, CATHY	2.2 NAME	
STREET ADDRESS	2610 PAMELA DR., SE	2.3 STREET ADDRESS	6370 Cyp Gardens Blvd
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	Winter Haven, FL 33884
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, ROSALEA S.	3.2 NAME	
STREET ADDRESS	1110 SHORELINE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128-97

Date Daytime Phone #

CR2E034 (9/96)