

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

APPROVED
AND
FILED

97 APR 17 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K35545

1. Corporation Name

RRR PROPERTY MANAGEMENT, INC.

Principal Place of Business
**c/o RICHARD SASSI
8750 DORAL BLVD.
MIAMI FL 33178-9402**

Mailing Address
**c/o CITIBANK LEGAL DEPT.
ONE SANSOME ST. 27TH FLOOR
SAN FRANCISCO CA 94104-4448**

3. Date Incorporated or Qualified
09/30/1988

3a. Date of Last Report
04/12/1996

4. FEI Number
65-0079066

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

2. Principal Place of Business

2a. Mailing Address

21 **c/o Citibank Arizona**

26 **Same**

State, Apt. #, etc.

State, Apt. #, etc.

22 **4041 N. Central Ave. 3rd Fl.**

City & State

City & State

23 **Phoenix, Arizona**

City & State

Zip

Country

Zip

Country

24 **85012**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SASSI, RICHARD M.
8750 DORAL BLVD.
MIAMI FL 33178**

81 Name
C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84 City
Plantation

FL

85 Zip Code
33324

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 *Anne Diamond* *Anne Diamond* *Asst Secy* *4/16/97*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 NAME **P** ☒ DELETE
MCAUSLAN, ROBERT
12 STREET ADDRESS **4041 N. CENTRAL AVE. 3RD FLOOR**
13 CITY-STATE-ZIP **PHOENIX, AZ 85012**

11 NAME **VP/AS** ☒ DELETE
SASSI, RICHARD
12 STREET ADDRESS **8750 DORAL BLVD.**
13 CITY-STATE-ZIP **MIAMI FL 33178**

11 NAME **S** ☐ DELETE
LOCK, DALE C.
12 STREET ADDRESS **ONE SANSOME STREET 27TH FLOOR**
13 CITY-STATE-ZIP **SAN FRANCISCO CA 94104-4448**

11 NAME **V/AS** ☐ DELETE
HOWLAND, AMY D.
12 STREET ADDRESS **4041 N. CENTRAL AVE. 3RD FLOOR**
13 CITY-STATE-ZIP **PHOENIX, AZ 85012**

11 NAME ☐ DELETE
12 STREET ADDRESS
13 CITY-STATE-ZIP

11 NAME ☐ DELETE
12 STREET ADDRESS
13 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P** ☒ Change ☐ Addition
12 NAME **EMERY, EDWARD J.**
13 STREET ADDRESS **4041 N. CENTRAL AVE. 3RD FLOOR**
14 CITY-STATE-ZIP **PHOENIX, AZ 85012**

11 TITLE **V** ☒ Change ☐ Addition
12 NAME **DILLIAM, KATHERINE A.**
13 STREET ADDRESS **4041 N. CENTRAL AVE. 3RD FLOOR**
14 CITY-STATE-ZIP **PHOENIX, AZ 85012**

11 TITLE **100002146421-1-0**
12 NAME **-04/17/97-01046-028**
13 STREET ADDRESS *******173.75 *****173.75**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

11 TITLE **AS** ☐ Change ☒ Addition
12 NAME **TEICHGRAEBER, THOMAS G.**
13 STREET ADDRESS **500 W. MADISON STREET, 7TH FLOOR**
14 CITY-STATE-ZIP **CHICAGO, IL 60661**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

14. I 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 called 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: *Amy D. Howland* **AMY D. HOWLAND** **4-9-97** **602/631-4134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)