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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K91677

(0)

I & J PROPERTY MANAGEMENT, INC.

Principal Prace of Business Mailing Address						
RAYBURN. LAURA J. 1968 BAYSHORE BLVD. DUNEDIN FL. 34698		352 WESTWINDS DR. PALM HARBOR FL 34683-1043 US				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				05/31/1989	05/24/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite. Apt. 4	# este	Suite, Apt. #, etc.		59-2956618	Not Applicable	
22 Suite. Apr. 1	#, E(I.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zιρ	Country	Zıp	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29	30		Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
	BURN, LAURA J.		81 Name STEVE	EN H. MEZER P.A	1.	
	BAYSHORE BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptab		
DUN	EDIN FL 34698		83 12 12	COURT STREET, S	SUITE B	
			03			
			84 City		85 Zip Code	
11 Despuisant	the experience of Continue EO7 OF	02 and 602 1509 Clarid Ata	/ I CLEAR	EWATER	FL 34616	
office or re	egistered agent, or both, in the State	o of Florida. Such change was	s authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered	
agent. Far	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Hatutes.	west & Marca Ro	7/7/07	
SIGNATURE	Signature Typotoine printed name of registered ag	oct and lite if applicable	OTE Registered Agent signature requi	red when reinstating)	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELET	1.1 TITLE		Change Addition	
NAME	KARAGIANIS, IRENE		1.2 NAME			
STREET ADORESS	352 WEST WINDS DR.		1.3 STREET ADORESS			
City-St-7P	PALM HARBOR FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	21 TITLE		Change Addition	
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST ZIP		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		[] billing	3.1 MLE 3.2 NAME		El cuando El vocator	
			3.3 STREET ADDRESS			
STREET ADDRESS CITY+ST_ZIP			3.3 STREET AUDRESS			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME		•	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C)TY - ST - Z)P			4.4 CITY-ST-ZIP			
ווור		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIF			5.4 City-St-ZiP			
101.6		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
14. Edo berek	ov certify that the information supplie	ed with this filma does not ou	6.4 CITY-ST-ZIP alify for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
informatio	n indicated on this annual report or	supplemental annual report is	s true and accurate and tha	it my signature shall have the same lega ort as required by Chapter 607, Florida S	if effect as if made under oath; that	
appears in	n Block 12 or Block 13 if changed	or on an attachment with an a	orioreus.	in as required by oriables our, montal a	with the trial trial trial to	