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PROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director of the appears in Block 12 of Block 1.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L31333

(2)

| CITY MA | NAGEMENT REALTY, INC | • | | | | | | | |
|---|--|---|-------------------|--|----------------------|--|---|-----------------------|----------------|
| Principal Place | of Business | Mailing Address | | | | - I SOBINDA DED ENDRY ALBOM AREBE ERIED END | LINI MAI | I I A II O FOIT DAOFI | VIALIAN |
| 225 N CR 427 LONGWOOD FL 32750 US 225 N CR 427 LONGWOOD FL 32750-4158 US | | | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified | 1 | te of Last Ri | eport |
| 9 Dringing Di | ace of Business | 2a. Mailing Address | | | | 11/20/1989 4. FEI Number | 1 US/ | 12/1996 | ation Fran |
| z. Frincipai Fra H | ace of Business | | 26 | | | 4. FEI Number Applied For 59-2981391 Not Applicat | | | |
| Suite, Apt # | #, etc. | Suite, Apt. #, etc. | 4 | | | | \$8.75 Additional | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | UNC) | Fee Re | duired |
| City & State |) | City & State | | | | 6. Election Campaign Financing | P | \$5.00 | |
| 3 | Country | 28 | 1 000 | umë e | | Trust Fund Contribution | | Added t | |
| Z(p Country 25 29 | | 29 | Zip Country | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| 4 | 9. Name and Address of Curre | | [30] | 1 | | 10. Name and Address of New Re | | | |
| DER | R, JOHN S | | | 81 | Name | | | | |
| 800 | N MAGNOLIA AVE | | 82 Stree | | | ess (P.O. Box Number is Not Acceptab | ile) | | |
| STE | | | | 83 | | | | | |
| ORL | ANDO FL 32803 | | | ٥ | | | | | |
| | | | | 84 | City | 1 | FL | 85 Zip (| Code |
| SIGNATURE | Signature Typed or printed name of tegistered a | | | | ent egnature require | oration submits this statement for the pon's board of directors. I hereby accepted when reinstating? ADDITIONS/CHANGES TO OFFIC | DATE | | |
| TITLE | VP | DELETE | 1,1 T | ITLE | | ADDITIONO/OTHAT GLO TO GITTE | ELIO PAINE | Change | Addition |
| NAME | DERR, G CHRISTOPHER | 1.21 | | 1.2 NAME | | | | • | |
| STREET ADDRESS | 225 N CR 427 | | 1.3 \$ | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | LONGWOOD FL | | | 17Y-5 | ST-ZIP | | | | |
| TITLE | PST | ☐ DELETE | 2.17 | | | | | Change | ☐ Addition |
| NAME | RICHMOND, HOWARD C | | 22N | | | | | | |
| STREET AODRESS | 225 N CR 427 LONGWOOD FL | | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Title | | | | | |
| DITY-ST-ZIP | | | | | | | *************************************** | Change | Addition |
| NAME: | | _ | 32 N | | | | | _ • | |
| STREET ADORESS | | | 3.3 S | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | 3.4. 0 | CITY-: | ST-ZIP | | | | |
| BILE | | | | 4.1 TITLE | | • | | Change | Addition |
| NAME | | | 4.21 | | | | | | |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | |
| DITY-ST-ZIP TITLE | | DELETE | 4.4 U | | ST-ZIP | | | Change | Addition |
| NAME | | | 5.2 N | | | | | | |
| STREET ADDRESS | | | 1 | | T ADDRESS | | | | |
| CITY - ST - ZIP | | | 4 CITY - ST - ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 T | ITLE | | | - | Change | Addition |
| NAME | | | 6.2 N | AME | | | | | |
| STHEET ADDRESS | | • | 6.3 \$ | TREET | r address | | | | |
| CITY-ST-7IP | and the state of t | and and the state of the state | | | ST-ZIP | in Continu 110 07/0V/) Florida Continu | a 16 | - nostif : 41: -4 | the |
| informatio | by certify that the information suppli in indicated on this annual report or flicer or director of the eexporation i | supplemental annual reports | true and | acc | urate and that | in Section 119.07(3)(i), Florida Statute my signature shall have the same lege as required by Chapter 607, Florida S | al effect a: | s if made un | der oath; that |