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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90058 012 ***150.00

DOCUMENT # L95318 1. Corporation Name PROPERTY MANAGEMENT CONCEPTS, INC.					
PHOPER	TTY MANAGEMENT CONCER	715, INC.			Arbis Bibis Albis Bibis Bibis Albis 1881
Principal Plac	a of Business	Mailing Address		1 10041014 110 11114 01100 14101 11611 1611	BIOIN DIBIR BIOIN DIBIR BIOIN IADI
P.O. BOX 842 P.O. BOX 842					
JUPITER FL 33468 JUPITER FL 33468				·	
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualifed	
				08/03/1990	<u> </u>
	lace of Business	2a. Mailing Address		4. FEI Number 65-0216100	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			03-02 10 100	Not Applicable \$8.75 Additional	
22	π, 5ιο.	27		5. Certificate of Status Desired	Fee Required-
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		30	Personal Property Tax.	∐ Yes 📜 🏹 o
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
WILE	ONER, PEGGY		81 Name		
17693 132ND TRAIL NO.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
JUPITER FL 33468					
SOFTEN LE GOTO			83		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				FI	
office or r	egistered agent, or both, in the State of	f Florida. Such change was au	thorized by the corporation	ioration submits this statement for the purpose only board of directors. I hereby accept the appo	r changing its registered intment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statutes.		-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature require	d when reinstating) DATE	# # # # # # # # # # # # # # # # # # #
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILDNER, PEGGY LUECHT		1.2 NAME		ļ
STREET ADDRESS	17693 132ND TRAIL NO.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILDNER, CHRISTOPHER		2.2 NAME	•	
STREET ADDRESS	17693 132ND TRAIL NORTH		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	JUPITER FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME CTREET ADDRESS			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	· ·	☐ Change ☐ Addition
NAME			6.2 NAME		. —
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY OT 710			64 CITY-ST-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 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, with all other like empowered.

SIGNATURE: