

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M76731**

(2)

1. Corporation Name

PROPERTY MANAGEMENT CORP.

05 MAY 1995

SECRET
TALLAHASSEE, FLORIDA

Previous Place of Business

411 NORTH WEBB ROAD
SUITE 200
WICHITA KS 67206
US

Current Address

411 NORTH WEBB ROAD
SUITE 200
WICHITA KS 67206
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification

04/15/1988

3a. Date of Last Report

07/06/1994

2. Principal Place of Business

21. 9323 E. 37th St. North

2a. Mailing Address

26. 9323 E. 37th St. North

4. FID Number

48-1053147

Applied for

Not Applicable

22. State Apt. # etc.

27. State Apt. # etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23. City & State

23. Wichita, KS

28. City & State

28. Wichita, KS

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. Does corporation have intent, for next year, to change its Florida Statutes?

☐ Yes ☒ No

24. 67226

25. US

29. 67226

30. US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Accepted)

83.

84. City

FL

85. Zip Code

11. The agent for the purpose of Sections 607.01(1) and 607.01(2), Florida Statutes, the above named corporation certifies this statement for the purpose of having its registered office or registered agent located 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 hereby giving and accept the responsibility of the corporation's Florida Statutes.

SIGNATURE

12. OFFICER'S AND DIRECTOR'S

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

13. ADDITIONAL CHANGES, DELETIONS AND REMOVALS

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

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STREET ADDRESS

CITY

STATE

ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information is complete as the longest request or supplementary request is true and correct 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 owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this document or on an attachment with an address.

SIGNATURE:

Marvin O. Long *Marvin O. Long*

4/28/95

316-634-7350