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FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M76731

(2)

1. Corporation Name

PROPERTY MANAGEMENT CORP.

Principal Place of Business

9323 E 37TH ST NORTH  
SUITE 200  
WICHITA KS 67226  
US

Mailing Address

9323 E 37TH STREET NORTH  
SUITE 200  
WICHITA KS 67226-2000  
US

3. Date Incorporated or Qualified

04/15/1988

3a. Date of Last Report

03/22/1996

4. FEI Number

48-1053147

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME TAYLOR, DANIEL J  
STREET ADDRESS 4001 N. OCEAN BLV #1401B  
CITY - ST - ZIP BOCA RATON FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE DV  
NAME DART, MICHAEL W  
STREET ADDRESS 1201 DEERWOOD DRIVE  
CITY - ST - ZIP DESTIN FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE DVT  
NAME LONG, MARVIN  
STREET ADDRESS 14911 SHARON LN  
CITY - ST - ZIP WICHITA KS☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE S  
NAME BUTLER, BRENDA J  
STREET ADDRESS 2131 SO COOPER COURT  
CITY - ST - ZIP WICHITA KS 67226☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE V  
NAME BRAUSA, RALPH E  
STREET ADDRESS 3140 N. LONGFELLOW  
CITY - ST - ZIP WICHITA KS 67226☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS O. LONG

Date

Daytime Phone #