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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M79872

(1)

1. Corporation Name

COMMUNITY MANAGEMENT CORP.

Principal Place of Business

1100 5TH AVE. S.  
SUITE 401  
NAPLES FL 33940-7037

Mailing Address

1100 5TH AVE. S.  
SUITE 401  
NAPLES FL 33940-7037

REINSTATEMENT

3. Date Incorporated or Qualified  
05/09/1988

3a. Date of Reinstatement  
05/01/1996

2. Principal Place of Business

21 4863 Golden Gate  
Parkway  
Suite, Apt. #, etc.

2a. Mailing Address

26 4863 Golden Gate  
Parkway  
Suite, Apt. #, etc.

4. FEI Number  
65-0050394

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

23 City & State  
NAPLES FL

27 City & State  
NAPLES FL

24 Zip  
33999

Country

29 Zip  
33999

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD TAYLOR  
1100 FIFTH AVENUE SOUTH  
SUITE 401  
NAPLES FL 33940

81 Name  
Stuart O. Kaye  
82 Street Address (P.O. Box Number is Not Acceptable)  
4863 Golden Gate Parkway  
83  
84 City  
NAPLES FL 33999

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 of person filing this statement and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
KAYE, STUART O  
640 FIFTH AVE. SOUTH  
NAPLES FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPS  
RICHARD TAYLOR  
1100 FIFTH AVENUE SOUTH SUITE 401  
NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPS  
C. JAY KAYE  
1100 FIFTH AVENUE SOUTH SUITE 401  
NAPLES FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
108002010801  
11/21/96-01033-022  
\$\$\$450.00 \$\$\$383.75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 BOARD OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/85)