

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M89600** (4)  
1. Corporation Name  
**PROP M CORP.**



Principal Place of Business  
**P.O. BOX 416  
MATLACHA FL 33909**

Mailing Address  
**P.O. BOX 416  
MATLACHA FL 33909**

3. Date Incorporated or Qualified  
**07/14/1988**

3a. Date of Last Report  
**02/14/1995**

4. FEI Number  
**65-0112735**

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

2. Principal Place of Business  
21 **P.O. BOX 9302**  
Suite, Apt. #, etc.  
22 **FT. MYERS, FL.**  
City & State  
23 **33902**  
Zip  
24 **US**  
Country

2a. Mailing Address  
26 **PROP M CORP**  
Suite, Apt. #, etc.  
27 **P.O. BOX 9302**  
City & State  
28 **FT. MYERS, FL.**  
Zip  
29 **33902**  
Country  
30 **US**

9. Name and Address of Current Registered Agent

**LEVY, BRIAN  
1508 SE 17TH AVENUE  
CAPE COARL FL 33990**

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>DPT</b>			
	<b>BAILEY, HAROLD</b>			
	<b>3157 E. RIVERSIDE DRIVE</b>			
	<b>FT. MYERS FL</b>			
	<b>DVS</b>			
	<b>BURKE, HAROLD</b>			
	<b>3157 E. RIVERSIDE DR.</b>			
	<b>FT. MYERS FL</b>			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MAIL: P.O. BOX 9302  
FT. MYERS, FL, 33902**

**MAIL: P.O. BOX 1252  
FT. MYERS, FL, 33902**

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)(k), 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:

**Harold E. Bailey DPT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/96**  
Date

**941-332-4851**  
Daytime Phone #

CR2E034 (12/95)