

4-16-97 B 4718 C
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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 9302
FT. MYERS FL 33902
US

Mailing Address

PROP M CORP
P. O. BOX 9302
FT. MYERS FL 33902-9302
US



2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/14/1988

3a. Date of Last Report

04/19/1996

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

9. Name and Address of Current Registered Agent

LEVY, BRIAN
1508 SE 17TH AVENUE
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

HAROLD BAILEY

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

3157 E. RIVERSIDE DRIVE

83 City

FORT MYERS, FL

84 Zip Code

FL 33916

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

Harold Bailey (HAROLD BAILEY, DPT)

4/2/97

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME BAILEY, HAROLD

STREET ADDRESS P. O. BOX 9302

CITY-ST-ZIP FT. MYERS FL, 33902

TITLE DVS ☐ DELETE

NAME BURKE, HAROLD

STREET ADDRESS P. O. BOX 1252

CITY-ST-ZIP FT. MYERS FL, 33902

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3157 E. RIVERSIDE DRIVE

FORT MYERS, FL, 33916

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3157 E. RIVERSIDE DRIVE

FORT MYERS, FL, 33916

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐

Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change ☐ Addition

6.1 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:

Harold Bailey (HAROLD BAILEY, DPT), 4/2/97, 332-4851

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)