

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90080 034 ***150.00

0350139

DOCUMENT # P92000008132

1. Corporation Name

PROFESSIONAL PROPERTY MANAGEMENT OF SOUTHERN FLO
RIDA, INC.

Principal Place of Business

735 COLORADO AVENUE
6
STUART FL 34994
US

Mailing Address

~~735 COLORADO AVE.~~
~~6~~
~~STUART FL 34994~~
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 2771

27 Suite, Apt. #, etc.

28 Palm Beach FL

29 Zip

Country

30 33480 USA

9. Name and Address of Current Registered Agent

TAMARA HAISFIELD
~~735 COLORADO AVENUE~~
~~SUITE 6~~
~~STUART FL 34994~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

65-0370547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

218 Royal Palm Way

83 Second Floor

84 City

Palm Beach

FL

85 Zip Code

33480

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 VS ☐ DELETE

NAME HAISFIELD, LISA
STREET ADDRESS ~~735 COLORADO AVE., #6~~
CITY-ST-ZIP ~~STUART FL~~

TITLE PT ☐ DELETE

NAME HAISFIELD, TAMARA
STREET ADDRESS ~~735 COLORADO AVE, STE 6~~
CITY-ST-ZIP ~~STUART FL~~

TITLE D ☐ DELETE

NAME HAISFIELD, RANDY
STREET ADDRESS ~~735 COLORADO AVE, STE 6~~
CITY-ST-ZIP ~~STUART FL~~

TITLE D ☐ DELETE

NAME HAISFIELD, MARC
STREET ADDRESS ~~735 COLORADO AVE, STE 6~~
CITY-ST-ZIP ~~STUART FL~~

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 218 Royal Palm Way, 2nd Floor
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 218 Royal Palm Way, 2nd Floor
2.4 CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 218 Royal Palm Way, 2nd Floor
3.4 CITY-ST-ZIP Palm Beach, FL 33480

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 218 Royal Palm Way, 2nd Floor
4.4 CITY-ST-ZIP Palm Beach, FL 33480

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

561 655-2829

Date

Daytime Phone #

CR2E034 (11/98)