

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 # *P93000032765*
1. Corporation Name *Ichi Property Management, Inc*

Principal Place of Business: *13220 Houston Ave.*
HUDSON, FL. 34667
Pasco County

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified *MAY 5, 1993*
3a. Date of Last Report *1994*
4. FEI Number *59-3188053*
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

10. Name and Address of New Registered Agent

81 Name *DAVID P. O'MAY*
82 Street Address (P.O. Box Number is Not Acceptable) *13220-189 Houston Ave.*
83
84 City *HUDSON* FL 85 Zip Code *34667*

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 607.0503, Florida Statutes.

SIGNATURE *David P. O'May*

DATE Registered Agent Signature (Required when changing agent)

DATE

12. OFFICERS AND DIRECTORS
TITLE *PRES.*
NAME *ANN KIRK*
STREET ADDRESS *13220-189 Houston Ave.*
CITY-ST-ZIP *HUDSON, FL. 34667*
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200001853972
-06/06/96-01084-016
****208.75*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Kirk

4/26/96

8138681061

CR2E034 (12/95)