FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90116 042 \*\*\*150.00

1999

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

MENT # P(	93000084	1534						
• ,	ty managemen	IT I, INC.						
e of Business	· Ma	iling Address				- C IMPLIMBA TER SUCON DESTE MOTER ANGER ANDER	6 8 1 2 1 1 2 1 1 2 1 2 1 1 1 1 1 1 1 1 1	10 (1)(4 B104 (00)
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710							T: !!0 0D40E	
US US							THIS SPACE	
•						3. Date Incorporated or Qualified 12/10/1993		_
lace of Business	2a.	2a. Mailing Address				4. FEI Number	A	pplied For
	26	26				59-3312747		lot Applicable
#, etc.		Suite, Apt. #, etc.			*	5. Certificate of Status Desired		Additional Required
	2/	City & State			منت مهمع يحمد	e Florier Compaign Financing		
				1 ,			, ,	
Count			Countr	~				
						10. Name and Address of New Registered Agent		
5, Italio and Addi	COO OI CUITATION		8.	1	Name	· · · · · · · · · · · · · · · · · · ·	-	
KAREN A CORR						(D.O. D. N. Louis Not Assessable)		
8252 31ST TERRACE N.				32 Street Address (P.O. Box Number is Not Acceptable)				
PETERSBURG FL 33	710		8:	3				
						·		
•				84 City			F1 85 Zip	Code
to the provisions of Se	ctions 607.0502 and 60	7.1508, Florida Statut	tes, the abo	ve-r	named corpo	oration submits this statement for the purpo	se of changing it	s registered
registered agent, or bot am familiar with, and ac	h, in the State of Florid cept the obligations of.	<ul> <li>a. Such change was a Section 607.0505, Flo</li> </ul>	iuthorized b orida Statute	y th es.	e corporatio	n's board of directors. I hereby accept the	appointment as i	egistered
Signature, typed or printed name			: Registered Ag	ent s	signature required			
OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICER		
D		☐ DELETE	1.1 TITLE		Ì		☐ Change	Addition
			1.2 NAME	Ę				
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				1.4 CITY-ST-ZIP				
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			5.2 NAME 5.3 STRE		j	•		}
	Place of Business RRACE N. RG FL 33710  Place of Business #, etc.  te  Count 25  9. Name and Addr REN A CORR 2 31ST TERRACE N. PETERSBURG FL 33  to the provisions of Seregistered agent, or bot am familiar with, and acc  Signature, typed or printed nam  D CORR, KAREN A 8252 31ST TERRA ST PETERSBURG	-SENSE PROPERTY MANAGEMEN  The of Business Managemen Man	-SENSE PROPERTY MANAGEMENT I, INC.  The of Business	SENSE PROPERTY MANAGEMENT I, INC.  Se of Business Mailing Address  RACE N. 8252 31ST TERRACE N. ST PETERSBURG FL 33710  Place of Business 2a. Mailing Address 2a. Mailing Address 2b. Suite, Apt. #, etc.  2c. Suite, Apt. #, etc.  27  25  29  30  20  Suite, Apt. #, etc.  21  Country Zip Country 25  29  30  9. Name and Address of Current Registered Agent  REN A CORR 2 31ST TERRACE N.  PETERSBURG FL 33710  8  Act to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboregistered agent, or both, in the State of Florida. Such change was authorized by am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboregistered agent, or both, in the State of Florida. Such change was authorized by am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboregistered agent, or both, in the State of Florida. Such change was authorized by am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboregistered agent, or both, in the State of Florida. Such change was authorized by am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboregistered agent, or both, in the State of Florida. Such change was authorized by am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboregistered agent and till of applicable. (NOTE: Registered Agent or provided name of registered agent and tills of applicable. (NOTE: Registered Agent or provided name of agent and tills of applicable. (NOTE: Registered Agent or provided name of agent and tills of applicable. (NOTE: Registered Agent or provided name of agent and tills of applicable. (NOTE: Registered Agent or provided name of agent and tills of applicable. (NOTE: Registered Agent or provided name of agent and tills of applicable. (NOTE: Registered Agent or provided name of agent and tills of applicable. (NOTE: Registered Agent or provided name of agent and tills of applicable. (NOTE: Registered Agent or provide	SENSE PROPERTY MANAGEMENT I, INC.  Se of Business Mailing Address  RRACE N. 8252 31ST TERRACE N. ST PETERSBURG FL 33710  Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc.  Country Zip Country 2b 29 30  9. Name and Address of Current Registered Agent 2a. Mailing Address 2b. Suite, Apt. #, etc.  Country Zip Country 2c 3a. Mailing Address 2b. Suite, Apt. #, etc.  2c 3c	SENSE PROPERTY MANAGEMENT I, INC.  Se of Business	SENSE PROPERTY MANAGEMENT I, INC.  Se of Business Mailing Address  8252 31ST TERRACE N  8252 31ST TERRACE N  815 PETERSBURG FL 33710  US  3. Date Incorporated or Qualified  12/10/1993  4. FEI Number  12/10/1993  4. FEI Number  12/10/1993  4. FEI Number  12/10/1993  4. FEI Number  13/10/1993  4. FEI Number  14/10/1993  5. Cartificate of Status Desired  15/9-3312747  5. Certificate of Status Desired  16/10/1993  6. Election Campaign Financing  Trust Fund Compating Financing  Trust Fund Contribution  10/10/1993  10/10/10/1993  10/1	SENSE PROPERTY MANAGEMENT I, INC.  ### Comparison of Business  ### Mailing Address  ### Acc N.  ### Ro Ft 33710  ### Country  ### Count

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE



Change

Addition