FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 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 # P94000016993 (5)

1. Corporation Name
GARCIA PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7243 BRYAN DAIRY RD. LARGO FL 34647 US	7243 BRYAN DAIRY RD. LARGO FL 33777-1538 US

3. Date Incorporated or Qualified: **03/03/1994**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3229559** [ ] 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 Suite, Apt. #, etc.
22 City & State
23 Zip 24 | County 25

2a. Mailing Address
26 15950 Bay Vista Drive
Suite, Apt. #, etc.
27 250
City & State
28 Clearwater, FL
Zip 29 34620 | County 30 US

9. Name and Address of Current Registered Agent
GARCIA, MARTIN L
7243 BRYAN DAIRY RD.
LARGO FL 34647

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
15950 Bay Vista Drive
83 Suite 250
84 City Clearwater FL 85 Zip Code 34620

11. Pursuant to the provisions of section(s) 607.1602 and 607.1508, Florida Statutes, this 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] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	[ ] Change [ ] Addition
NAME	GARCIA, MARSHALL	12 NAME	
STREET ADDRESS	16011 AMBERLY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 added to the report with an address.

SIGNATURE: [signature] MARSHALL GARCIA 3/13/97 813-855-8777

CR2E034 (9/95)