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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:41

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mutham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044040 (1)

1. Corporation Name

CASEY PROPERTY MANAGEMENT, INC.

Principal Place of Business

300 S. BISCAYNE BLVD.
SUITE 4050
MIAMI FL 33131

Mailing Address

300 S. BISCAYNE BLVD.
SUITE 4050
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/02/1994

4. FEI Number

05-0496201

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOPP, HAROLD
200 S. BISCAYNE BLVD.
SUITE 4050
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P/D

NAME

Robert D. Keenan

STREET ADDRESS

1500 NW 49 Street, 5th Floor
Ft. Lauderdale, FL 33309

CITY - ST - ZIP

TITLE

VP/S/D

NAME

Harold Chopp

STREET ADDRESS

200 So. Biscayne Blvd., #4950
Miami, FL 33131

CITY - ST - ZIP

TITLE

VP

NAME

Jonathan Chopp

STREET ADDRESS

200 So. Biscayne Blvd., #4950
Miami, FL 33131

CITY - ST - ZIP

TITLE

VP

NAME

Dale Chynoweth

STREET ADDRESS

1500 NW 49 Street, 5th Floor
Ft. Lauderdale, FL 33309

CITY - ST - ZIP

TITLE

VP

NAME

Bill Keenan

STREET ADDRESS

1500 NW 49 Street, 5th Floor
Ft. Lauderdale, FL 33309

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☒ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Chopp

Harold Chopp, Secretary

1/17/95

(305)371-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number