

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081977 (8)

1. CORPORATION NAME

GERALDINE PROPERTY MANAGERS, INC.

Principal Office Address
61 N.W. 4 STREET
HOMESTEAD FL 33030

Mailing Address
61 N.W. 4 STREET
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created
10/31/1994

3a. Date of last report

4. FID Number
65-0561963

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 interest on bonds under S. 190 (1)(2)
Florida Statutes ☐ Yes ☒ No

2. Principal Office Address
211 NW 8 St.

2a. Mailing Address
211 NW 8th St

Suite Apt # etc

Suite Apt # etc

23. City & State
Homestead, FL

27. City & State
Homestead, FL

24. Zip Code
33030

25. County
Dade

29. Zip Code
33030

30. County
Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GADWAY, JOHN F
61 N.W. 4 STREET
HOMESTEAD FL 33030

75 NE 15th St

81. Name
John F. Gadway

82. Street Address (P.O. Box Number is Not Acceptable)
75 NE 15th St

84. City
Homestead

FL

85. Zip Code
33030

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

John F. Gadway

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
GADWAY, JOHN F
2. STREET ADDRESS
61 N.W. 4 STREET
3. CITY & STATE
HOMESTEAD FL 33030

1. TITLE
P/C/M
2. NAME
John F. Gadway
3. STREET ADDRESS
75 NE 15th St
4. CITY & STATE
Homestead, FL 33030

2. NAME
3. STREET ADDRESS
4. CITY & STATE

1. TITLE
V/P
2. NAME
M. H. Gadway
3. STREET ADDRESS
75 NE 15th St
4. CITY & STATE
Homestead, FL 33030

3. NAME
4. STREET ADDRESS
5. CITY & STATE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY & STATE

4. NAME
5. STREET ADDRESS
6. CITY & STATE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY & STATE

5. NAME
6. STREET ADDRESS
7. CITY & STATE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY & STATE

6. NAME
7. STREET ADDRESS
8. CITY & STATE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information 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 167, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

John F. Gadway John F. Gadway

4/25/95 305 247 3108