Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90032 050 \*\*\*150.00

## . FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000056655

1. Corporation Name

PROFESSIONAL PROPERTY MANAGERS, INC.													
Principal Pla	ice of Business		Mailing Add	Iress				-  <u>.</u> `		ili <b>sa</b> ili <b>sa</b> i	11 <b>86</b> 111 <b>8818</b> 1		BI BANDA BIAN ABDA
1304 S.W. 160TH AVENUE 1304 S.W. 160TH AVENUE								]:					
SUITE 211 SUITE 211 SUNRISE FL 33326 SUNRISE FL 33326													
SUNRISE FL 33326 SUNRISE FL 33326								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
								07/21,	1995	Zuameo			
	Place of Business		2a. Mailing	Address				4. FEI Nur					Applied For
21 Suito Ant	t # ata		26 Suite A	-1 4 -1-				65-05	9//3/				Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifca	te of Status De	esired		·	Additional Required		
City & State			City & S	City & State			6. Election Campaign Financing \$5.00 May Be						
23			28					Trust Fund Contribution Added to Fees					
<b>一</b> ,	Zip Country		— `	— · —		Country			poration owes		nt year Int		_
24	25 25	ddraes of Curra	nt Registered Ag		30				l Property Tax			☐Yes	□No
	9. Name and A	datess of Curre	iii Registered Ag	ent		81	Name	10, Name a	nd Address o	T New K	egisterea .	Agent	
	JTSCH, MEGAN												
949 JADE COURT FT. LAUDERDALE FL 33326				Ĺ	82	Street Addre	ss (P.O. Box	Number is Not	Acceptai	ole)			
۲۱.	LAUDERDALE FL	33320				83	·			•			
					}	84	City			• .	- CI	85 Zip	Code
11. Pursuant	t to the provisions of	Sections 607.050	02 and 607,1508.	Florida Statute	es the ab	ove-	named como	ration submits	this statemen	t for the r	Durnose of	changing if	s registered
orice or	registered agent, or am familiar with, and	both, in the State	e of Florida. Such d	hange was at	uthorized	by t	he corporation	s board of di	rectors. I here	by accept	the appoir	ntment as r	egistered
SIGNATURE													
12.	Signature, typed or printed		ont and title if applicable.  ND DIRECTORS	(NOTE:		Agent	signature required		IC/CUANOEO	TO 055	DATE	D DIDEOT	000 111 40
TITLE	DP	OFFICERS AI		DELETE	1,1 TITL	F		ADDITIO	NS/CHANGES	10 011	ICERS AN	D DIRECT Change	
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STREET ADDRESS			[	DELETE		Æ	-ZIP	· .		,		Change	☐ Addition
ALTA OF THE				] DELETE	4.1 TITL:	.E ME	NODRESS	٠.				Change	☐ Addition
CITY-ST-ZIP					4.1 TITL: 4.2 NAA 4.3 STRI 4.4 CITY	E ME EET A (-ST-	ODRESS	·. · · · ·					
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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 suppliemental 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 of 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, by on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: