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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Jun 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

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DOCU 1. Corporat OCAL	JMENT # P9500 A PROPERTY MANAGEMEN	0059770 (4) IT, INC.			
5					
Principal Pla	ace of Business	Mailing Address			
2901 SE 501		2901 SE 50TH CT. A			
OCALA FL 3		OCALA FL 34471-6491			
:			•		- '
				3. Date incorporated or Qualified 3a. 07/31/1995	Date of Last Report 05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26	,	59-3449736	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional
:2		27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25	29	30		□ No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent
	RVGRIS, GEORGE		81 Name		
	01 SE 50TH CT. A		82 Street Add	dress (P.O. Box Number is Not Acceptable)	<u></u>
00	CALA FL 34471				
			83		
			84 City		, 85 Zip Code
				F	L
11. Pursuan	to the provisions of Sections 607.05	02 and 607 1508. Florida Statul	on the obout comed as	annestina automita ship atalamant far ship musana	of changing its registered
allian as		is at Parida Cust stance was	es, the above-halled col	rporation audmits this statement for the purposi	o Citalignig its registered
office or agent, I	registered agent, or both, in the State am familiar with, and accept the obli	te of Florida, Such change was gations of, Section 607,0505, Fl	authorized by the corpore orlda Statutes.	ation's board of directors. I hereby accept the a	ppointment as registered
		le of Florida. Such change was gations of, Section 607.050S, Fl	authorized by the corpore orida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
office or agent, I SIGNATURE			authorized by the corport orlda Statutes.		
	Signature, typed or printed name of registered a OFFICERS AI	gent and title if applicable. (NOT ND DIRECTORS			
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI	gent and title if applicable. (NOT	E: Registered Agent signature requ	ured when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI PVST VARVERIS, GEORGE	gent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent algositure requ	ured when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TIPLE	Signature, typed or printed name of registered a OFFICERS AI PVST VARVERIS, GEORGE 2901 SE 50TH CT. A	gent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signature requirements 13.	ured when reinstating) DATE	ND DIRECTORS IN 12
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6.4 CITY-ST-ZIP I do hereby certify that the information supplied with this filling 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 above 4.00 an attanhment with an address.