

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED  
30 MAY 12 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 976000008279 171

1. Corporation Name

Mayer's Property Management, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01-23-96

4. FEI Number

65-0644420

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2219 Joel Blvd

Suite, Apt. #, etc

22 B

City & State

23 Alva FL

Zip

24 33920

Country

25 U.S.A.

2a. Mailing Address

26 1505 SE 40th Street

Suite, Apt. #, etc

27 Suite C

City & State

28 Cape Coral FL

Zip

29 33904

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

H.S. Blair & Associates, Inc.

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

1505 SE 40th Street

83 Suite C

84 City

Cape Coral

FL

85 Zip Code

33904

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

S. de Roca

4-24-98

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 ☐ DELETE

NAME PT Roman Mayer

STREET ADDRESS P.O. Box 2019

CITY-ST-ZIP Alva FL 33920-2019

TITLE ☐ DELETE

NAME VP S Sabine Mayer

STREET ADDRESS P.O. Box 2019

CITY-ST-ZIP Alva FL 33920-2019

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

PT Roman Mayer

2219 Joel Blvd, Suite B

Alva FL 33920-2019

☐ Change ☐ Addition

VP S Sabine Mayer

2219 Joel Blvd, Suite B

Alva FL 33920-2019

☐ Change ☐ Addition

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05/19/98-01032-012

\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

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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 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:

S. de Roca

4-24-98

941-549-9499

Signature and typed or printed name of signing officer or director

Date

Daytime Phone: #

CR2E034 (10/97)