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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000016341 (5)

ROCKLEDGE PROPERTY MANAGEMENT, INC.

			## ## ## ## ## ## ## ## ## ## ## ## ##						
Principal Place of Business					Mailing Address				- 4 IDBRIBGE ISK TRING BEINT ODHE ODHE ODHE ODEN INDER BINDD THE CONTROL FOR EACH
2500 N MILITARY TRAIL SUITE 200					2500 N MILITARY TRAIL SUITE 200				DO NOT MIDITE IN TURE COACE
BOCA RATON FL 33431					BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
Í									02/16/1996
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
21					26				65-0674295 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22					27				Fee Required
City & State				$\vdash$	City & State				6. Election Campaign Financing \$5.00 May Be
23			<b>Sourch</b>	28	Zip Cour				Trust Fund Contribution L Added to Fees
Zip	· —		Odriny	29	30 South		uy		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24 25 25 26 Name and Address of Current									Personal Property Tax due June 30.  Yes No  10, Name and Address of New Registered Agent
FRI	CKE, HENI					8	п	Name	
2500 N MILITARY TRAIL					1			Ctroot Addro	iss (P.O. Box Number is Not Acceptable)
SUITE 200								Street Moore:	iss (P.O. box Number is Not Acceptable)
BOCA RATON FL 33431					j				
								City	<b>85</b> Zip Code
							ł		<b>FL</b>
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 against and title it applicable  12. OFFICERS AND DIRECTORS						NOTE: Registered Agent signature miquires  13.			d when reinstaturg)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		OFFICENS AND	C/ITIL	DELETE	1.1 TITLE	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PAI UME	30. T	HOMAS J SR			1.2 NAM		1	
STREET ADDRESS 529 TURTLE CIR				1.3 \$			ADDRESS		
CITY-ST-ZIP	ST-ZIP SATELLITE BEACH FL				1.4 CI		- ST	- ZIP	
TITLE	V	V □ DELETE					2.1 TITLE Change Additio		
NAME	PUGLIES	SE, A	NTHONY V 111			22 NAM	E		
STREET ADDRESS 2500 MILITARY TRAIL STE 200						2.3 STRE	ET A	address	
CITY-ST-ZIP BOCA RATON FL						2. 4 CITY		I-ZIP	
TITLE					☐ DELETE	3.1 TITLE			[_] Change   Addition
NAME						3.2 NAM			
STREET ADDRESS						3.3 STHE			
TITLE	<del></del> ···				DELETE	3.4. C(1) 4.1 TITLE		i - ZIP	☐ Change ☐ Addition
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STREET ADDRESS						4.2 NAW		IDDRESS	į
CITY-ST-ZIP						4.4 City-St-7P		· · · · · · · · · · · · · · · · · · ·	
TITLE			· • · · · · · · · · · · · · · · · · · ·		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME						5.2 NAME	Ē		•
STREET ADDRESS						5.3 STRE	ET A	NODRESS	
CITY-ST-ZIP						5.4 C0Y	ST.	- 7IP	

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 popul 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 husbre 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 attachnicing with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2/3/98

(561) 997-6666

Change

**FILED** 

Feb 16 1998 8:00am

Secretary of State