

OCT 23 1997 10:21 AM DIV OF CORP  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

*Amended*  
*#61.25*  
**APPROVED AND FILED**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATION ONE

97 OCT 23 AM 7:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000041652 (4)**  
 1. Corporation Name  
**Regional Property Management, Inc.**

Principal Place of Business      Mailing Address  
**5511 Hansel Ave Orlando, FL 32809**      **5511 Hansel Ave Orlando, FL 32809**

|                                |  |                         |  |   |                                |
|--------------------------------|--|-------------------------|--|---|--------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified                                   | 3a. Date of Last Report        |
| 21 State, Fed., etc.           |  | 25 Suite, Apt., #, etc. |  | 05/06/1996  |                                |
| 22 City & State                |  | 27 City & State         |  | 4. FEI Number   | 4a. Accounting Method          |
| 23 Zip                         |  | 29 Zip                  |  | 59-3385705  | Not Applicable                 |
| 24 Country                     |  | 30 Country              |  | 5. Certificate of Status Desired                                    | \$8.75 Accounting Fee Required |
|                                |  |                         |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$5.00 May Be Added to Fees    |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent              |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| Drage, Thomas B JR<br>120 S. Orange Ave<br>Orlando, FL 32801 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |
|  |  |  |  | 85 Zip Code   |  |  |  |

11. Pursuant to the provisions of Sections 607.5502 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 and appointment as registered agent and undertake and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
|----------------------------|--|---|--|
| TITLE                      | STD <input checked="" type="checkbox"/> DELETE | TITLE   | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | Hooker, Marcus P                               | NAME  | Hooker, Douglas P.   |
| STREET ADDRESS             | 5511 Hansel Ave Orlando, FL 32809              | STREET ADDRESS                                  | 5511 Hansel Ave Orlando, FL 32809  |
| CITY, STATE, ZIP           |  | CITY, STATE, ZIP                                |  |
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE  | TITLE   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | Amy D. Hooker                                  | NAME  | J.D. Hooker  |
| STREET ADDRESS             | 5511 Hansel Ave Orlando, FL 32809              | STREET ADDRESS                                  | 5511 Hansel Ave Orlando, FL 32809  |
| CITY, STATE, ZIP           |  | CITY, STATE, ZIP                                |  |
| TITLE                      | <input type="checkbox"/> DELETE                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS                                  |  |
| CITY, STATE, ZIP           |  | CITY, STATE, ZIP                                |  |
| TITLE                      | <input type="checkbox"/> DELETE                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS                                  |  |
| CITY, STATE, ZIP           |  | CITY, STATE, ZIP                                |  |
| TITLE                      | <input type="checkbox"/> DELETE                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS                                  |  |
| CITY, STATE, ZIP           |  | CITY, STATE, ZIP                                |  |

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*AP7*  
*10/23*

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information contained in 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 by me. 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 Section 12 or Section 13 if changed, or on an Attachment, with an address.

**SIGNATURE:** *J.D. Hooker* **J.D. HOOKER**      10-21-97      407-851-1519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)