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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000044917 (8)

NO BOUNDS PROPERTY SERVICES, INC.

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Principal Place of Business		Mailing Address		- I KARAKKER AK (BIKA BIKU DUNU DANU DANU	A BOTTO BIDIA DODIN IDANA MBA MBA MBA
2203 BELL SHOALS ROAD BRANDON of 33511		2203 BELL SHOALS ROAD BRANDON FL 33511-6651			
				3. Date incorporated or Qualified 05/20/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.		26			Not Applicable
22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for i	intangible tax under s. 199.032, Yes DNo
471	9. Name and Address of Current		[30]	10. Name and Address of New Re	
CLE			81 Name	101 and Flourest Of How Ho	JIE OF THE PROPERTY OF THE PRO
2002 BELL CHOALC DOAD					
BRANDON FL 33511			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
Div	4001112 00011		83	***************************************	
			84 City		FL 85 Zip Code
	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida, Such change was tions of, Section 607.0505,	lutes, the above-named corps authorized by the corpora Florida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable (N	OTE: Registered Agent signature requi	ired when reinstation	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLEVELAND, NEIL R		1.2 NAME		
STREET ADDRESS	201 REMBRANDT DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	CLEVELAND, MARY F		2.2 NAME		_ • • • • • • • • • • • • • • • • • • •
STREET ADDRESS	201 REMBRANDT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	CLEVELAND, HELEN E		3.2 NAME		
STREET ADDRESS	2203 BELL SHOALS ROAD		3.3 STREET ADDRESS		•
CITY-ST-ZIP	BRANDON FL 33511		3.4. CITY-ST-ZIP		
TITLE	PD	DELETE	4.1 TITLE	The state of the s	Change Addition
NAME	CLEVELAND, JOHN R		4. 2 NAME		
STREET ADDRESS	2203 BELL SHOALS ROAD		4.3 STREET ADDRESS		
CITY - ST - ZIP	BRANDON FL 33511		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	·

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 aderess.

SIGNATURE:

CITY-ST-ZIP

JAN. 9, 1597 (813)-688-8371

FILED

Jan 22 1997 8:00am

Secretary of State