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 # P9600058098 (0)

HENKE PROPERTY MANAGEMENT, INC.

Principal Place of Business
1380 LANDMARK COURT SW

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



1380 LANDMARK COURT SW FORT MYERS FL 33919	1380 LANDMARK COURT FORT MYERS FL 33919-2			
			3. Date Incorporated or Qualified 07/10/1996	3a. Date of Lest Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6213-E PRESIDENT	/#/ C/ 26 Suite, Apt. #, etc.		65-0678421	Not Applicable
22)	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 FORT MYERS /	City & State	·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addled to Fees
Zip Country 24 339/9 25 US		Country 30		Yes X No
	Current Registered Agent	Od Name	10. Name and Address of New Re	Jistered Agent
HENKE, CAROL J		81 Name		
1380 LANDMARK COURT SW FORT MYERS FL 33919		82 Street Ad	dress (P.O. Box Number is Not Acceptab	e)
		63		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections (307.0502 and 607.1508, Florida Statu	utes, the above-named co	prporation submits this statement for the p	urpose of changing its registered
office or registered agent, or both, in the agent. I am familiar with, and accept the	ie State of Florida. Such change was	authorized by the corpor	ation's board of directors. I hereby accep	t the appointmen; as registered
SIGNATURE Garal Q	donko	ionou otanotos	4	-15-97
Signature, typed or pented name of regi		OTE: Registered Agent signature req		
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TILE P/T/D	DELETE	1.1 TITLE		Change Addition
NAME CAROL J. HE.	NAC	1.2 NAME		
		1.3 STREET ADDRESS		
TITLE S/D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	<u></u>	Change Addition
MANG DORERT C.	HENKE	2.2 NAME		C Outrigo C Production
STREET ADDRESS 1380 LANDMA	RK CT. SW	2.3 STREET ADDRESS		
DIY-ST-ZIP FORT MYERS	F2 33919	2. 4 CITY-ST-ZIP		e *
THE	☐ DELETE	3.1 TITLE		Change Addition
NAV:		3.2 NAME		Pat,
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - S1 - ZIP		3.4. CITY+ST-ZIP		,
TIFLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	•	
CITY - ST - 7IP		4.4 CITY-ST-ZIP		
111 ₄ F	☐ DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS	,	53 STREET ADDRESS		
C(TY-ST-7@	Decese.	5 4 CiTY-ST-ZIP		Cheese 1 4 2490
TILLE	☐ DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-SI-ZiP		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 address.

SIGNATURE:

4-15-97 Date

941-481-7150