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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000094560 (5)

1. Corporation Name
CARLISLE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1996

2. Principal Place of Business	2a. Mailing Address
21 2937 S.W. 27th Ave	26 2937 S.W. 27th Ave
22 Suite, Apt. #, etc. #303	27 Suite, Apt. #, etc. #303
23 City & State Coconut Grove FL	28 City & State Coconut Grove, FL
24 Zip 33133 / 25 Country USA	29 Zip 33133 / 30 Country USA

4. FEI Number: APPLIED FOR 65-0712618 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCUS, STEWART 2121 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES FL 33134	81 Name: Lloyd J. Boggio 82 Street Address (P.O. Box Number is Not Acceptable): 2937 S.W. 27th Ave #303 83 84 City: Coconut Grove FL 85 Zip Code: 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARCUS, STEWART		1.2 NAME		
STREET ADDRESS	2121 PONCE DE LEON BLVD. PENTHOUSE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BOGGIO, LLOYD J		2.2 NAME		
STREET ADDRESS	2121 PONCE DE LEON BLVD. PENTHOUSE		2.3 STREET ADDRESS	2937 S.W. 27th Ave #303	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME			3.2 NAME	Greer, Bruce	
STREET ADDRESS			3.3 STREET ADDRESS	2937 S.W. 27th Ave #303	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	Gonzalez, Luis	
STREET ADDRESS			4.3 STREET ADDRESS	2937 S.W. 27th Ave #303	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ 4-17-98 (305) 476-8118