

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90017 037 ***558.75

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1. Corporation Name

OLIVE BRANCH PROPERTY MANAGEMENT CORPORATION



Principal Place of Business

407 NW 9TH AVENUE
SUITE 2
FORT LAUDERDALE FL 33311

Mailing Address

407 NW 9TH AVENUE
SUITE 2
FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0754722

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KUMA, RAYMOND
5530 S.W. 44TH TERRACE
FORT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT9
NAME KUMA, RAY
STREET ADDRESS 5530 S.W. 44TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE V
NAME HUDSON, L. JAMES
STREET ADDRESS 3012 S.W. 11TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE S
NAME CARTER, JERRY
STREET ADDRESS 4737 N.W. 67TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE P
NAME Black, Frederick D.
STREET ADDRESS 400 N W 9 TH Ave
CITY-ST-ZIP Ft Land FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CTS
1.2 NAME Kuma, Ray
1.3 STREET ADDRESS 5530 S.W. 44TH Ter
1.4 CITY-ST-ZIP Ft Land FL 33314

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE P
4.2 NAME Black Frederick D.
4.3 STREET ADDRESS 400 N W 9 TH Ave
4.4 CITY-ST-ZIP Ft Land FL 33311

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-13-99 94-767-9919

CR2E034 (11/98)