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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # A & E PROPERTY M



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ENT # **P97000077245 (3)**

	PROPERTY MANAGEME	NT, INC. Mailing Address							
102 BEECH STREET 102 BEECH STREET CRESTVIEW FL 32536 CRESTVIEW FL 32536									
							DO NOT WRITE IN THI	S SPACE	
						ŀ	3. Date Incorporated or Qualified	3 OF ACL	
							09/05/1997		
2. Principal F	Place of Business	2a. Mailing Address				一	4. FEI Number	At	oplied For
21		26 P.O. Box 178					59-3470428	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	.	Additional equired	
City & Stat	le	City & State				8. Election Campaign Financing	\$5.00		
23		28 Crestview, F1				Trust Fund Contribution		to Fees	
Zip	Country	Zip		Country	/		8. This corporation owes or has paid the o	current year int	tangible
24	25	29 32536-0178	30	USA			Personal Property Tax due June 30.		□No
	g. Name and Address of Cu	irrent Registered Agent		- 	1 ::		10. Name and Address of New Registere	d Agent	
	HNSON, JANET F			81	Name				
	2 BEECH STREET		82	Street /	\ddres	s (P.O. Box Number is Not Acceptable)			
CH	RESTVIEW FL 32536			83	 				·
				-				——————————————————————————————————————	
				84	City		F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508, Florida Statute	s, the	e abov	e-named	corpor	ation submits this statement for the purpose o's board of directors. I hereby accept the a		is registered
agent. La SIGNATURE	am familiar with, and accept the c	obligations of, Section 607.0505, Flo	rida S 	Statute	S.		when reinstalling) DATE		
12.		AND DIRECTORS		3.	on algranue	Tequied (ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TOTLE		DELETE		.1 TITLE		P/		☐ Change	Addition
NAME			1.2 NAME		ĺ		net F. Johnson		
STREET ADDRESS			1.3 STREE		ADDRESS		2 Beech Ave.		
CITY-ST-ZIP			1.4 CITY		ST-ZIP		estview, F1 32536-0	178	
TITLE		DELETE	2.1 TITLE					Change	Addition
NAME		2.		2.2 NAME					
STREET ADDRESS			2	3 STREET	ADDRESS				
CITY-ST-ZIP				. 4 CITY-	ST-ZIP				
TITLE				.1 TITLE				☐ Change	☐ Addition
NAME			3	.2 NAME	-				
STREET ADDRESS			3	3 STAEET	ADDRESS				
CITY-ST-ZIP	<u> </u>		_	4. CITY-	ST-ZIP				
TITLE		☐ DELETE		.1 TITLE	1			Change	Addition
NAME				. 2 NAME	ſ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		NEUTE .		4 CITY-S	ST-ZIP				A 4490
TITLE		☐ DELETE		.1 TITLE	-			Change	Addition
NAME			1	.2 NAME]				
STREET ADDRESS					'Address				
CITY-SI-ZIP		Libratio	_	4 CITY-5	ST-ZIP			Db	A ALUMAN
TITLE		DELETE		.1 TITLE	1			☐ Change	Addition
NAME			1 6	/ NAME					

14. Thereby 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 3 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

round Ftens

3/25/98

850-689-1515

FILED

Apr 01 1998 8:00am

Secretary of State