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**

DOCUMENT # P9800004637

1. Corporation Name

Principal Place of Business	Mailing Address
12995 SOUTH CLEVELAND AVENUE #160 FORT MYERS FL 33907	12995 SOUTH CLEVELAND AVENUE #160 FORT MYERS FL 33907

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90005 037 ***150.00

COMMER	RCIAL PROPERTY MANAGE	RS, INC.					
Principal Place	e of Business	Mailing Address			1 18811841 ton (212) 18111 2011 8011 8011 8011		
12995 SOUTH CLEVELAND AVENUE #160 12995 SOUTH CLEVELAND AVENUE #160 FORT MYERS FL 33907 FORT MYERS FL 33907		DO NOT WRITE IN THIS	SPACE				
					3. Date Incorporated or Qualifed 12/22/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			A EEI Number	Apr	olied For
21	•	26			APPLIED FOR 65-085/C) 74 Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
22		City & State			S. Flanting Compaign Figureins		
City & State	e	├ ¬ '			Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country	28	Count	ту —	This corporation owes the current year Int		
24	25	29	30	. ,	Personal Property Tax.		□No
241	9. Name and Address of Curren		100		10. Name and Address of New Registered	Agent .	
		<u> </u>	8	1 Name			
	S, LINDA	#460	8	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
3	95 SOUTH CLEVELAND AVENUE T MYERS FL 33907	#100	ļ.,				
FUR	I MICHO I E 33507			33			1
			Ē	4 City	FL	85 Zip C	ode
44 5	As the provisions of Costions 507 050	2 and 607 1609 Florida Statut	åe the abo	ve-named c			registered
office or n	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized l	by the corpores.	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	intment as reg	gistered
SIGNATURE		nt and title if continues (NOTE	· Panistered A		DATE		
	Signature, typed or printed name of registered ager OFFICERS AN		Registered A		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
SIGNATURE 12.		nt and trite if applicable. (NOTE ID DIRECTORS DELETE		gent signature rec		ND DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	gent signature rec			
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLI 1.2 NAM	gent signature rec			
12. TITLE NAME STREET ADDRESS	OFFICERS AN D HAAS, LINDA	ID DIRECTORS	13. 1.1 TITLI 1.2 NAM	gent signature rec			
12. TITLE NAME	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS	13. 1.1 TITL/ 1.2 NAM 1.3 STR	gent signature rec			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	E E EET ADDRESS -ST-ZIP		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	E E EET ADDRESS -ST-ZIP		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	gent signature rec		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	gent signature rec		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY	gent signature rec		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITLI 3.2 NAM	gent signature rec		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITT 3.4 CITT 3.5 TITL 3.7 NAM 3.5 TRI 3.6 CITT 3.7 TITL 3.7 NAM 3.7 STRI 3.7 CITT 3.7 NAM 3.7 STRI 3.7 CITT 3.7 NAM 3.8 CITT 3.8 NAM 3.8 NAM 3.8 CITT 3.8 NAM 3.8	gent signature rec E E E EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E E E E E E E E E E E E E E E E E E E		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.1 TITL	gent signature rec E E E E E E E E E E E E E E E E E E		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 13 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM	gent signature rec E E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E E ET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLL 4.2 NAM 4.3 STRI	gent signature rec E E E E E E E E E E E E E E E E E E		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 12 NAM 13 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY	gent signature rec E E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E ET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E		☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D HAAS, LINDA 12220 FLINTLOCK LANE	ID DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 13 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5	gent signature rec E E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E ET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	D HAAS, LINDA 12220 FLINTLOCK LANE FORT MYERS FL 33912	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 12 NAM 13 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 CIT 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	gent signature rec E E E E E E E E E E E E E E E E E E		☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	D HAAS, LINDA 12220 FLINTLOCK LANE FORT MYERS FL 33912	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STRI 4.1 TITLL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLL 5.2 NAM 5.3 STRI 5. STRI 5	gent signature rec E E E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, LINDA 12220 FLINTLOCK LANE FORT MYERS FL 33912	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 12 NAM 13 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STR 5.4 CITY 5.4 CITY 5.5 C	gent signature rec E E E E E E E E E E E E E E E E E E		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HAAS, LINDA 12220 FLINTLOCK LANE FORT MYERS FL 33912	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 12 NAM 13 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.1	gent signature rec E E E E E E E E E E E E E E E E E E		☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, LINDA 12220 FLINTLOCK LANE FORT MYERS FL 33912	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STR 4.4 CITY 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITLL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITLL 6.2 NAM	gent signature rec E E E E E E E E E E E E E E E E E E		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE

OFFICER OR DIRECTOR