**FILED** 

03-05-1999 90005 008 \*\*\*158.75

## 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 # **P98000010844**1. Corporation Name

PROPERTY MANAGEMENT NATIONWIDE, INC.

Principal Place	of Business	Mailing Address					j i <b>jiniliji</b> n kl	<b>1810</b> 1 1811 1811 1	Dill Brill Bris! I	<b>                                    </b>	(B)( B)(A) (B))
·		339 6TH AVENUE WEST									
339 6TH AVENUE WEST BRADENTON FL 34205		BRADENTON FL 34205									
								DO NOT WR		SPACE	
								ated or Qualifed	1		
				_			02/1998 Number	)			lied For
2. Principal Place of Business		2a. Mailing Address			4. FEI	Number <b>(-/)</b>	19595		<del></del>	Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						~/	\$8.75 A		
22]		27			5. Cer	5. Certificate of Status Desired Fee Required					
City & State		City & State			6 Flee	tion Camp	aign Financing		\$5.00 1	May Be	
23		28	<del></del>				t Fund Co	-		Added to	
Zip Country		Zip				8. This corporation owes the current year Intangiple					
24	25	29	30			Per	onal Prop	erty Tax.		X Yes I	□No
	9. Name and Address of Cur	rent Registered Agent				10. Nai	ne and Ad	dress of New	Registered /	Agent	
	m.a			81	Name			,			
	RIS, VIRGINIA A			82	Street A	Address (P.O. I	Box Numbe	er is Not Accep	table)		
	6TH AVENUE WEST					<u> </u>					
BRAI	DENTON FL 34205			83	ı						
			ŀ	84	City				FI	85 Zip C	ode
									<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	)502 and 607.1508, Florida State of Florida. Such change was	utes, the at authorized	bove I bv	:-named c the corpo	corporation sub ration's board	mits this s of directors	tatement for the s. I hereby acce	e purpose of e opt the appoir	changing its r itment as reg	istered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Statu	ıtes.				·			
SIGNATURE									DATE		
12.	Signature, typed or printed name of registered	agent and title if applicable. (NO AND DIRECTORS	TE: Registered	Agen	t signature re-	equired when reinsta		ANGES TO O		D DIRECTO	RS IN 12
TITLE	OFFICERS	DELETE	1.1 TIT	TLE.		P	11011070			Change	Addition
NAME			1.2 NA		-	VIRGINI	A.	DORRUS			` `
STREET ADDRESS			1			339 64	η Αυε	west			
CITY-ST-ZIP			1.4 CIT				a) F	L 3420	5		
TITLE		☐ DELETE	2.1 TIT				10-1			Change	Addition
NAME											
STREET ADDRESS			2.2 NA	ME					•		Li Addition )
CITY-ST-ZIP					ADDRESS				•		Addition {
TITLE				REET	ADDRESS						
NAME		☐ DELETE	2.3 ST	REET						Change	Addition
	-	☐ DELETE	2.3 ST 2. 4 CI	REET ITY-S TLE			_			☐ Change	
STREET ADDRESS		☐ DELETE	2.3 ST 2. 4 CI 3.1 TIT 3.2 NA	TREET TLE TME					-	☐ Change	
		☐ DELETE	2.3 ST 2. 4 CI 3.1 TIT 3.2 NA	TREET TLE AME TREET	TADDRESS				-	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2. 4 CI 3.1 TIT 3.2 NA 3.3 ST	TREET TLE AME TREET	TADDRESS					☐ Change	
CITY-ST-ZIP			2.3 ST 2. 4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI	TREET TLE AME TREET TTY-S TLE	TADDRESS						☐ Addition
CITY-ST-ZIP TITLE			2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA	TREET TLE AME TREET TLY-S TLE AME	TADDRESS						☐ Addition
CITY-ST-ZIP TITLE NAME			2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA	TREET TLE TREET TTY-S TLE AME TREET	T ADDRESS					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N/ 4.3 ST	TREET TILE AME TREET TILE AME TREET TILE TREET TY-S1	T ADDRESS						☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA	TREET TILE AME TREET TILE AME TREET TY-S TILE TY-S TILE AME	T ADDRESS T ADDRESS T ZIP					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA	TREET TILE AME TREET TILE AME TREET TY-S TILE TY-S TILE AME	T ADDRESS					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI	TREET TITY-ST TLE AME TITE AME TY-ST TLE AME TY-ST TLE TY-ST TITE TY-ST	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NJ 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT	TREET TITY-ST TLE AME TREET TY-ST TILE AME TY-ST TILE TY-ST TILE TY-ST TILE TY-ST TILE TY-ST TILE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CP 5.1 TIT 5.2 NA 5.3 ST 5.4 CP 6.1 TIT 6.2 NA	TREET TITY-S TILE AME TREET TITY-S TILE AME TREET TY-S TILE TY-S TILE TY-S TILE	T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA 6.3 ST	TREET TITY-S TILE AME TREET TITY-S TILE AME TREET TY-S TILE TY-S TILE TY-S TILE	T ADDRESS					☐ Change	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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR