

FILED

May 13, 1999 8:00 am
Secretary of State

05-13-1999 90022 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 980000 83961 ✓ OK

1. Corporation Name

PROFESSIONAL PROPERTY MANAGEMENT AND SALES INC.

Principal Place of Business

Mailing Address

265 1/2 PORT ST. LUCIE BLVD
SUITE 193
PORT ST. LUCIE, FL 34984265 1/2 PORT ST. LUCIE BLVD
SUITE 193
PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-29-98

2. Principal Place of Business

2a. Mailing Address

21 265 1/2 PORT ST LUCIE BLVD

26 265 1/2 PORT ST LUCIE BLVD

4. FEI Number

65-0866768

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES J. MCKINNEY
507 1/2 BAILEY TERRACE
PORT ST. LUCIE, FL 34953

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

James J. McKinney

(NOTE: Registered Agent signature required when terminating)

4-25-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
JAMES J. MCKINNEY
507 1/2 BAILEY TERRACE
PORT ST. LUCIE, FL 34953☐ DELETE1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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.

SIGNATURE:

James J. McKinney

4-25-99

Date

561-344-5999

Daytime Phone #

CR2E034 (11/98)