

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

FILED
Oct 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 509676
1. Corporation Name
CORSON PROPERTY MANAGEMENT, INC.

"AMENDED"

Principal Place of Business Mailing Address
4821 U.S. 19, SUITE 4
NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 4821 U.S. 19 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 4 27
City & State City & State
23 NEW PORT RICHEY 28 FL
Zip Country Zip Country
24 34652 25 29 30

3. Date Incorporated or Qualified
10/29/1990

4. FEI Number Applied For
59-3036017 Not Applicable

5. Certificate of Status Desired \$3.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
George Vasiliades
4821 US Highway 19
Suite 3
New Port Richey, FL 34652

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME George Vasiliades
STREET ADDRESS 4821 U.S. Highway 191 Suite 3
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE DELETE
NAME V.P. KALOGIANIA CHUCK
STREET ADDRESS 4821 U.S. 19, SUITE 4
CITY-ST-ZIP N.P.R., FL 34652

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE Change Addition
4.2 NAME 300002656469
4.3 STREET ADDRESS -10/06/98--01020--040
4.4 CITY-ST-ZIP ***61.25

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

6.1 TITLE Change Addition
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.