

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S33237** (6)

1. Corporation Name

CORPORATE CENTER PROPERTY MANAGEMENT, INC.



Principal Place of Business

**200 S. ANDREWS AVE. 6TH FL.
FT LAUDERDALE FL 33301**

Mailing Address

**200 S. ANDREWS AVE. 6TH FL.
FT LAUDERDALE FL 33301**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/20/1991

3a. Date of Last Report

05/01/1995

4. FET Number

65-0255673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES INC.
801 BRICKELL AVE.
SUITE 2400
MIAMI FL 33131**

81

American Information Services, Inc

82

One S.E. Third Avenue

83

27th Floor

84

Miami

FL

33131

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	ROCHON, RICHARD	
STREET ADDRESS	200 S. ANDREWS AVE. 6FL.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, STEPHEN	
STREET ADDRESS	200 S. ANDREWS AVE. 6FL.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PIERCE, WILLIAM	
STREET ADDRESS	200 S. ANDREWS AVE. 6TH FL.	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cris V. Branden	
2.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William M. Pierce	
3.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	500001811308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-05/07/96--01091--011	
6.3 STREET ADDRESS	***6000.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M Pierce

4/22/96

Date

954-627-5000

Daytime Phone #

CR2E034 (12/95)