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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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. 8TH FL.
FT LAUDERDALE FL 33301

Mailing Address
200 S. ANDREWS AVE. 8TH FL.
FT LAUDERDALE FL 33301-1864



2. Principal Place of Business
21 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.
22 SUITE 1500
City & State
23 FT. LAUDERDALE FL
Zip
24 33301 Country
25 USA
2a. Mailing Address
26 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.
27 SUITE 1500
City & State
28 FT. LAUDERDALE FL
Zip
29 33301 Country
30 USA

3. Date Incorporated or Qualified
02/20/1991
3a. Date of Last Report
05/01/1996
4. FEI 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

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC.
1 SE 3RD AVE
27TH FLOOR
MIAMI FL 33131

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPS	ROCHON, RICHARD	200 S. ANDREWS AVE. 8FL	FT LAUDERDALE FL	<input type="checkbox"/>
T	BRANDEN, CRIS V	200 S. ANDREWS AVE. 8FL	FT LAUDERDALE FL	<input type="checkbox"/>
VPAS	PIERCE, WILLIAM M	200 S. ANDREWS AVE. 8TH FL	FT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		450 EAST LAS OLAS BLVD, SUITE 1500	FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		450 EAST LAS OLAS BLVD, SUITE 1500	FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
		450 EAST LAS OLAS BLVD, SUITE 1500	FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS V BRANDEN

4/24/97

Date

954-627-5000

Daytime Phone #

0259678

CR2E034 (9/96)