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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$33243

(4)

FOUNTAIN SQUARE PROPERTY MANAGEMENT, INC.

APPROVED AND FILED

1997 APR 30 PH 12: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principa! Place	e of Business	Mailing Address					in a series of the series of t	
200 S ANDREW	WS AVE. 6TH FL. LE FL 3330T	200 S. Andrews ave, eth f ft lauderdale fl 33301180						
		•			3. Date incorporated or Qualified 02/20/1991		te of Last R 01/1996	eport
2. Principal Pla 21 450 E	AST LAS CAS BVD.	26. Mailing Address 26. 450 EAST LAS	246	Blue	4. FEI Number 65-0255669	**************************************		pplied For of Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	500))	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State 28 F. LAUDERD	Al re	F7	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
¬ ^{Zip} ລ>ໍາ	act Country Ich	21p > 2 0 1	Country	120	8. This corporation has liability for		tax under s	
4 05	9. Name and Address of Current	29 30 30 30 Registered Agent		<u> </u>	Florida Statutes 10. Name and Address of New Re			
AME	RICAN INFORMATION SERVICES		81	Name		. Z	·.T	
ONE OF THOS AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
	MI FL 33131		83	·		· · · · · · · · · · · · · · · · · · ·	······································	
1114 #			84	City		FL	85 Zip	Code
SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat				oration submits this statement for the jon's board of directors. I hereby acce	pt the app	ointment as	registered
2.	Signalure, typed or printed name of registanto agent		13.	signature requir	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TILE	DPS	☐ DELETE	1.1 TITLE				Change	Addition
IAME	ROCHON, RICHARD C.		1.2 NAME		50 East las olas	م ه		~ ~~
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AME	PIERCE, WILLIAM M		3.2 NAME			<i>-</i>		
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IAME		- Occurs	6.2 NAME)			7(1)	$I \cdot \overline{\Omega} I$
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CHTY - ST - ZIP		,	6.4 CITY-ST-				5), , ,
	by certify that the information supplied	with this filing does not qualify for			t in Section 119.07(3)(i) Florida Statut	es. I furthe	certify that	the

or necesty certify that the information supplied with this milling does not quality 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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

0259368