Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$74887

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

CONSOLIDATED MANAGEMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
111 73RD AVENUE NORTH ST. PETERSBURG FL 33702	111 73RD AVENUE NORTH ST. PETERSBURG FL 33702
•	

Mailing Address

Suite, Apt. #, etc.

City & State

2a.

26

27

28

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90029 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Election Campaign Financing

08/19/1991

59-3079775

4. FEI Number

Zip	Country	Zip	Country		8. This corporation owes the current year			
24	25	<u> </u>	30		Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered								
DICARANI WALLIANA D				Name				
risman, William B. 111 73RD Avenue North			82	82 Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG FL 33702								
31.1	EIENODUNG FL 33/02		83					
	*		84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code	
				•	•	FL		
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 and title if applicable.)				t signature regi	uired when reinstating) DAT	Ē	——	
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	RISMAN, ROBERT R.	•	1.2 NAME		•		Į	
STREET ADDRESS	5130 THREE VILLAGE DRIVE	:	1.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEVELAND OH		1.4 CITY-S	Γ-ZIP				
TITLE	CSD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	RISMAN, WILLIAM B.	!	2.2 NAME		·		}	
STREET ADDRESS	2701 PARK DRIVE		2.3 STREET	ADDRESS			į	
CITY-ST-ZIP	CLEVELAND OH	والمستوالية والموا	2. 4 CITY-S	T-ZIP	The second secon			
TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	RISMAN, ROBERT G.		3.2 NAME	ľ				
STREET ADDRESS	5150 THREE VILLAGES DRIVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEVELAND OH		3.4. CITY+S	T-ZIP	· ·	_		
TITLE	,	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS	•		ļ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME .	٠		5.2 NAME		•		- 1	
STREET ADDRESS	• ,		5.3 STREET	ADDRESS			1	
CITY-ST-ZIP	·		5.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS			-	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	_			
	طافين المساف والمساب مستقم المساف والمساف والمساف والمساف	this files does not suplify for th	- overet	on stated i	n Section 119.07(3)(i). Florida Statutes, I furthe	r certify that the i	nformation	

4. 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM B. RISMAN

04/16/99

216-464-5130

Daytime Phone #