

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 # **S83143** (5)

1. Corporation Name

FT. MYERS 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**

3. Date Incorporated or Qualified

09/26/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0291597

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

10. Name and Address of New Registered Agent

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

81 Name **American Information Services, Inc**

82 Street **One S.E. Third Avenue** (Not Acceptable)

83 **27th Floor**

84 City **Miami**

FL 33131
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 ☐ DELETE

NAME **DPS
ROCHON, RICHARD C.**
STREET ADDRESS **200 S. ANDREWS AVE. 6FL.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ DELETE

NAME **T
MORSE, STEPHEN R**
STREET ADDRESS **200 S. ANDREWS AVE. FL**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME **V
PIERCE, WILLIAM**
STREET ADDRESS **200 S. ANDREWS AVE. 6TH FL.**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

NAME **T
Cris V. Branden**
STREET ADDRESS **200 S. Andrews Ave., 6th Floor**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

3.1 TITLE ☐ Change ☒ Addition

NAME **VP/AS
William M. Pierce**
STREET ADDRESS **200 S. Andrews Ave., 6th Floor**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

400001811304
-05/07/96--01091--011

*****6000.00**

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 filing 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

William M. Pierce

4/22/96

Date

954-627-5200

Daytime Phone #

CR2E034 (12/95)