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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S83143

(5)

FT. MYERS PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1997 APR 30 PH 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--|---|---------------------------------------|---|---|
| 200 S. TANDREWS AVE STH FL.<br>FT LAUDERDALE FL 33301  | 200 8: ANDREWS AVE - 6TH<br>FILAUDERDALE FC 33901-1 |                                       |   | , , , , , , , , , , , , , , , , , , ,     |
|  |   |                                       | 3. Date Incorporated or Qualified 09/26/1991              | 3a. Date of Last Report 05/01/1996        |
| 2. Principal Place of Business   | 2a. Mailing Address                                 | · · · · · · · · · · · · · · · · · · · | 4. FEI Number   | Applied For                               |
| 27450 EAST LAS OLAS  | BLUD 26 450 EAST L                                  | AS OLAS BY                            | <b>1//)</b> 65-0291597                                    | Not Applicable                            |
| Suite, Apt #, etc. 22 Suit€ 1500   | Suite, Apt. #, etc.                                 | 1500                                  | 5. Certificate of Status Desired                          | \$8.75 Additional Fee Required            |
| City & State  23 Ft LAWDERDALE A   | City & State CAUDER                                 | NOAGE FI                              | 6. Election Campaign Financing Trust Fund Contribution    | \$5.00 May Be Added to Fees               |
| 24 3330/ 25 Country SA   | 792201  | Country SA                            | 8. This corporation has liability for in Florida Statutes | ptangible tax under s. 199.032,<br>Yes No |
| 9. Name and Address of C   | urrent Registered Agent                             |                                       | 10. Name and Address of New Re                            | gistered Agent                            |
| AMERICAN INFORMATION SEF   | IVICES INC.   | 81 Name                               |   |   |
| ONE SE THIRD AVE   |   | 82 Street A                           | ddress (P.O. Box Number is Not Acceptab                   | Jo)                                       |
| 27TH FLOOR   |   | 02 30000                              | duress (F.O. Box Number is Not Acceptab                   | ю)  |
| MIAMI FL 33131   |   | 83                                    |   |   |
| 7714 HILL / E. 44 14 1   |   |                                       |   |   |
|  | •   | 84 City                               |   | 85 Zip Code                               |
| 11. Pursuant to the provisions of Sections 60  | 07.0502 and 607 1508, Florida Statutes              | the above-named                       | corporation submits this statement for the p              | urpose of changing its registered         |
| <ol> <li>Pursuant to the provisions of Sections 60<br/>office or registered agent, or both, in the<br/>agent 1 am familiar with, and accept the</li> </ol> | State of Florida, Such change was au                | thorized by the corp                  | oration's board of directors. I hereby accep              | at the appointment as registered          |
|  | obligations of, Section 607.0505, Florid            | ua Sialutes.                          |   |   |
| SIGNATURE Signature typed or printed name of registe   | end sount and title if applicable (NOTE I           | Registered Apent signature            | required when reinstation)                                | DATE                                      |
|  | RS AND DIRECTORS                                    | 13.                                   | ADDITIONS/CHANGES TO OFFIC                                |   |
| TITLE DPS  | DELETE  | 1.1 TITLE                             |   | ERS AND DIRECTORS IN 12  Change           |
| NAME ROCHON, RICHARD C.  |   | 1.2 NAME                              |   | 3.7                                       |
| STREET ADDRESS 200 S. ANDREWS AVE.   | BPE.  | 1.3 STREET ADDRESS                    | 450 EAST LAS OLAS   | BLUD, SUITE 1500                          |
| CITY-SI-ZIP FT LAUDERDALE FL   |   | 1.4 CITY+ST-ZIP                       | F+ LANDERDALE, F  | 7 22301                                   |
| Tifle T  | DELETÉ  | 2.1 TITLE                             | I-T. LAVIER DALE,   | Change Addition                           |
| NAME BRANDEN, CRIS V   |   | 2.2 NAME                              |   | • •                                       |
| STREET ADDRESS -200 S. ANDREWS AVE.  | P1  | 2.3 STREET ADDRESS                    | 450 EAST LAS OLAS   | S BLVD, SUITE 1500                        |
| PT 141DPDDAIDD AND   |   | •                                     | EL LANGERONE A  | 1 25 34                                   |
| TITLE VPAS   | DELETE  | 2.4 CITY-ST-ZIP<br>31 TITLE           | FTILNUDGKUACE, I  | Change Addition                           |
| DIFFDOF 1481414444   | C) been   | 3.2 NAME                              |   | 1   |
| AAA A ANDORNA NEE  | atu-ei  |                                       | 450 EAST LAS ALAS   | BL VI) \$1000 1500                        |
| ET LAUDEDDALF EL AAR   |   | 3.3 STREET ADDRESS                    | TO LAWSON BEING   | 37-0100 3 305.00                          |
| TITLE F1 LAUDERDALE FL 333   | DELETE  | 3.4. CITY-ST-ZIP                      | FF. LAUDS K DAUSULT                                       | Change Addition                           |
|  | L DICCIL  | 4 of 100                              | ※米季5つい  | > Ci cuttide Ci vontion                   |
| NAME   |   | 4.2 NAME 1                            |   | Į.  |
| STREET ADDRESS   |   | 4.3 STREET ADDRESS                    |   | į   |
| C(1Y-S1-ZIF  | DELETE  | 4.4 CITY - ST - ZIP                   |   | Change Addition                           |
| TITLE  | [_] Offer   | 5.1 TITLE                             | •   | E CIMINDE E MODIROR                       |
| NAME   |   | 5.2 NAME                              |   | \   |
| STREET ADDRESS   |   | 5.3 STREET ADDRESS                    |   |   |
| CHY-SI-ZIP   |   | 5.4 CITY-ST-ZIP                       |   |   |
| THE  | ☐ DELETE  | 61 TIFLE                              |   | Chango L Addition                         |
| NAME   |   | 6.2 NAME                              |   | LSI YOU                                   |
| STREET ADDRESS   |   | 63 STREET ADDRESS                     |   | ~ \S\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |
| CiTY - S1 - ZIP  |   | 6.4 CITY - ST - ZIP                   |   | <u> </u>                                  |
| 14. I do hereby cerlify that the information st  | upplied with this filing does not qualify           | for the exemption st                  | ated in Section 119.07(3)(i), Florida Statute             | s. I further certify that the             |

I do hereby certily 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 corpy fitting 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, g on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRMOW

954-627-5000

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