

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

APPROVED
AND
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1997 APR 30 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33301-1864
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3. Date Incorporated or Qualified 09/26/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0291597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 450 EAST LAS OLAS BLVD Suite, Apt. #, etc. Suite 1500 City & State FT. LAUDERDALE FL Zip 33301 Country USA	2a. Mailing Address 26 450 EAST LAS OLAS BLVD Suite, Apt. #, etc. Suite 1500 City & State FT. LAUDERDALE FL Zip 33301 Country USA
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9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES INC. ONE SE THIRD 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
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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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, RICHARD C.	1.2 NAME	
STREET ADDRESS	200 S. ANDREWS AVE. 6FL	1.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDEN, CRIS V	2.2 NAME	
STREET ADDRESS	200 S. ANDREWS AVE. FL	2.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VPAS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, WILLIAM M	3.2 NAME	
STREET ADDRESS	200 S. ANDREWS AVE. 6TH FL.	3.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0289378

CR2E034 (9/96)