

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S94885 (8)
1. Corporation Name
COMPLETE PROPERTY MANAGEMENT SERVICES, INC.

Principal Place of Business
1754 41ST TERRACE S.W.
NAPLES FL 33999

Mailing Address
1754 41ST TERRACE S.W.
NAPLES FL 33999



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1991

4. FEI Number

65-0305501

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RONDEAU, DONALD C
1754 41ST TERRACE S.W.
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name BEVERLY RONDEAU
82 Street Address (P.O. Box Number is Not Acceptable)
1754-41 TERR SW
83
84 City NAPLES FL 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

Beverly Rondeau BEVERLY RONDEAU 1-10-98

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RONDEAU, DONALD C.	
STREET ADDRESS	1754 41 TERR S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	RONDEAU, BEVERLY	
STREET ADDRESS	1754 41 TERR S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	WELLS, ROBERT M	
STREET ADDRESS	P.O. BOX 630005	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE

Beverly Rondeau

1-10-98 (94) 591-2002

CR2E034 (10/97)