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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V63850** (4)
1. Corporation Name
MIDWEST PROPERTY MANAGEMENT OF FLORIDA, INC.



2. Principal Place of Business
**123 WEALTHY ST SE
GRAND RAPIDS MI 49503**

Mailing Address
**123 WEALTHY ST SE
GRAND RAPIDS MI 49503-4518**

3. Date Incorporated or Qualified 09/10/1992	3a. Date of Last Report 04/10/1996
4. FEI Number 59-3140319	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business
21 **141 Ionia Ave. N.W.**
State, Apt. #, etc.
22
City & State
23 **Grand Rapids, Michigan**
Zip Country
24 **49503** 25 **USA**

2a. Mailing Address
26 **141 Ionia Ave. N.W.**
State, Apt. #, etc.
27
City & State
28 **Grand Rapids, Michigan**
Zip Country
29 **49503** 30 **USA**

9. Name and Address of Current Registered Agent
**SHEPARD, CLIFFORD B. III
201 S ORANGE AVE
STE 900
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 607.0508, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERA, GEORGE S.	1.2 NAME	
STREET ADDRESS	123 WEALTHY S.E.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	GRAND RAPIDS MI	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, KEITH A.	2.2 NAME	
STREET ADDRESS	405 CENTRAL AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERA, MARIAN A.	3.2 NAME	
STREET ADDRESS	123 WEALTHY S.E.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	GRAND RAPIDS MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-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-STATE-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-STATE-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 attached sheet with an address.

SIGNATURE:

George S. Bera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/18/97** District Office

CR2E034 (9/96)