

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

94 AUG -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M76731 (2)

1. Corporation Name
PROPERTY MANAGEMENT CORP.

Mailing Address
**CT CORPORATION SYSTEM-
8751 W. BROWARD BLVD.
PLANTATION FL 33324**

Principal Place of Business
**CT CORPORATION SYSTEM-
8751 W. BROWARD BLVD.
PLANTATION FL 33324**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 04/15/1988	3a. Date of Last Report 04/05/1993
4. FEI Number 48-1053147	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Fee for Amended Filing of Report of Information ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This Corporation has liability for information tax under S. 199.03, Florida Statutes. ☒ Yes ☐ No	

2. Mailing Address 21 411 N. Webb Road Suite, Apt. #, etc. 22 Suite 200 City & State 23 Wichita, KS Zip 24 67206	Country 25 Sedgwick	2a. Principal Place of Business 26 411 N. Webb Road Suite, Apt. #, etc. 27 Suite 200 City & State 28 Wichita, KS Zip 29 67206	Country 30 Sedgwick
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name	
	02 Street Address (P.O. Box Number is Not Acceptable)	
	03	
	04 City	FL 05 State

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2) or Sections 617.05(2) and 617.15(2), Florida Statutes, the above named corporation adopts the 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 617.05(2) of the Florida Statutes.

SIGNATURE

(Signature of person performing duties of registered agent and that of officer)

(Signature of Registered Agent or person to be appointed agent)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
01 TITLE	D	01 TITLE	
02 NAME	TAYLOR, DANIEL J.	02 NAME	
03 STREET ADDRESS	4001 N. OCEAN BLV #1401B	03 STREET ADDRESS	
04 CITY, ST, ZIP	BOCA RATON FL	04 CITY, ST, ZIP	
05 TITLE	D/P/T	05 TITLE	
06 NAME	DART, MICHAEL W.	06 NAME	
07 STREET ADDRESS	1201 DEERWOOD DRIVE	07 STREET ADDRESS	
08 CITY, ST, ZIP	DESTIN FL	08 CITY, ST, ZIP	
09 TITLE	S	09 TITLE	
10 NAME	LONG, MARVIN	10 NAME	
11 STREET ADDRESS	14911 SHARON LN	11 STREET ADDRESS	
12 CITY, ST, ZIP	WICHITA KS	12 CITY, ST, ZIP	
13 TITLE		13 TITLE	
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that I am not aware of any information that would cause this corporation to be considered a fraudulent corporation. I am an officer or director of this corporation at the time of filing this report, and I am not aware of any information that would cause this corporation to be considered a fraudulent corporation. I am not aware of any information that would cause this corporation to be considered a fraudulent corporation.

SIGNATURE: *Marvin O. Long*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7/29/94 316-685-5561