FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M76731** **(2)**

1. Corporation Name

PROPERTY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
9323 E 37TH ST NORTH SUITE 200 WICHITA KS 67226 US	9323 E 37TH STREET NORTH SUITE 200 WICHITA KS 67226 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **04/15/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **48-1053147** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	TAYLOR, DANIEL J		1.2 NAME	SAME	
STREET ADDRESS	4001 N. OCEAN BLV #1401B		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	SAME	
TITLE	DPT	☐ DELETE	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	DART, MICHAEL W		2.2 NAME	SAME	
STREET ADDRESS	1201 DEERWOOD DRIVE		2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP	SAME	
TITLE	S	☐ DELETE	3.1 TITLE	D/V/T/	☒ Change ☐ Addition
NAME	LONG, MARVIN		3.2 NAME	LONG, MARVIN O.	
STREET ADDRESS	14911 SHARON LN		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	WICHITA KS		3.4 CITY-ST-ZIP	SAME	
TITLE		☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME			4.2 NAME	BRAUSA, RALPH E.	
STREET ADDRESS			4.3 STREET ADDRESS	3140 N. LONGFELLOW	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	WICHITA, KS 67226	
TITLE		☐ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME			5.2 NAME	BUTLER, BRENDA J.	
STREET ADDRESS			5.3 STREET ADDRESS	2131 SO. COOPER COURT	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WICHITA, KS 67207	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marvin O. Long Marvin O. Long 3/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)