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

Mailing Address

303

2601 E OAKLAND PARK BLVD

FT LAUDERDALE FL 33306

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 366957

1. Corporation Name

Principal Place of Business

2601 E OAKLAND PARK BLVD

FT LAUDERDALE FL 33306

US

COMMONWEALTH PROPERTIES, INC.

2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number			Applied For
21	·	26	_					59-1297397			Not Applicable
Suite, Apt. i							5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	e	2/	City & State				$\dashv$	6. Election Campaign Financing		\$5.0	0 May Be
23	~	28					-	Trust Fund Contribution			d to Fees
Zip	Country		Zip	Cou	intry		1	a. This corporation owes the curre	ent year Inta	ngible	
24	25	29		30				Personal Property Tax.		☐ Yes	□No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
				<u>.</u>	81	Name		-			
RAMSEY, DAVID W 1412 PONCE DE LEON DR. FT LAUDERDALE, FL					82	82 Street Address (P.O. Box Number is Not Acceptable)					
					Office Monages (1.0. Box Hamber is Not Modeland)						
					83						
33316						84 City 85 Zip Code					
					84	City			FL	85 Zi	p Code
44 Pursuant	to the provisions of Sections 607.0502	2 and 60	7 1508 Florida Statu	utes, the a	bove	-named corp	oora	ation submits this statement for the	purpose of	changing	its registered
office or re	egistered agent, or both, in the State o	of Florid	a. Such change was	authorized	ועסנ	ine corporation	on's	s board of directors. I hereby accep	t the appoir	itment as	registered
agent. I ar	m familiar with, and accept the obligat	tions of,	Section 607.0505, F	lorida Stat	utes.						
SIGNATURE		1	0103	rr. D. S	A	signature require	- d ud	non reinetatura)	DATE	_	
	Signature, typed or printed name of registered agent		++		Ageni	Signature require	ou wi	ADDITIONS/CHANGES TO OFF		n DIREC	TORS IN 12
12.		DUIKE	DELETE	13.	n e	—т		ADDITIONS/CHANGES TO OFF	TOLING AIT	Chang	
TITLE	TD DAMOCY DAMED IN			1.2 N						_ `	
NAME	RAMSEY, DAVID W			. I							
STREET ADDRESS	1412 PONCE DE LEON DR.					ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		□ DELETE		TY-ST	-ZIP				☐ Chang	e [] Addition
TITLE	PVS		☐ DELETE	2.1 Π			•				
NAME	RAMSEY, DAVID W			2.2 N							
STREET ADDRESS	1412 PONCE DE LEON DR.			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE, FL 00000				ITY-S	T- ZIP				☐ Chanc	e Addition
TMLE			☐ DELETE	3.1 TI						□ Chang	le
NAME				3.2 N		1					
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CMY-ST-ZIP					ITY-S	Γ-ZIP				Chan	n
TITLE			☐ DELETE	4,1 ⊞						Chang	ge Addition
NAME				4 2 N	IAME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 C	ΠY-\$1	-ZIP					
TITLE	<u> </u>		☐ DELETE	5.1 T						☐ Chanç	ge Addition
NAME				5.2 N							
STREET ADDRESS				53S	TREET	ADDRESS					
C/TY-ST-ZIP					ITY- \$1	- ZIP					
TITLE			☐ DELETE	6.1 T	TLE.					☐ Chan	ge
NAME				6.2 N	AME						
STREET ADDRESS				6.3 S	TREET	ADDRESS					
CITY-ST-ZIP	/	}		6.4 C	ITY-S1	-ZIP					
14. I hereby o	certify that the information supplied with	th this fi	ing does not qualify t	for the exe	mpti	on stated in s	Sec	ction 119.07(3)(i), Florida Statutes.	further cer	tify that th	e information
indicated officer or a Block 12 r	certify that the information supplied with on this annual report or supplemental director of the corporation or the eccion Block 13 if changed, or on an attack	pannual Iver or ti hment v	report is true and ad rustee empowered to vith an address, with	curate and execute t all other li	i that his re ke er	. my signatur eport as requ npowered.	e si Jired	d by Chapter 607, Florida Statutes;	and that m	y name a	ppears in

SIGNATURE:

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90145 043 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/14/1970