

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 # F82206 (6)

1. Corporation Name

~~CORTEK PROPERTIES, INC.~~
COMMERCIAL PARTNERS REALTY, INC.



Principal Place of Business

299 9TH STREET, NORTH
ST. PETERSBURG FL 33701
US

Mailing Address

PO BOX 683
ST. PETERSBURG FL 33731-0683
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/20/1982

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2636296

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

10. Name and Address of New Registered Agent

KENT, LEWIS H.
299 9TH STREET, NORTH
ST. PETERSBURG FL 33731-0683

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

Signature typed or printed name of registered agent (a block of type)

(NOTE: Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1. TITLE ☐ Change ☒ Addition

NAME
BAYLESS, ROBERT P.
STREET ADDRESS
299 9TH STREET, NORTH
CITY-ST-ZIP
ST. PETERSBURG FL

2. NAME
Bohac, Charles B.
STREET ADDRESS
299 9th Street No
CITY-ST-ZIP
St. Petersburg FL

TITLE ☐ DELETE

3. TITLE ☒ Change ☐ Addition

NAME
LOTT, MARTIN T.
STREET ADDRESS
299 9TH STREET, NORTH
CITY-ST-ZIP
ST. PETERSBURG FL

4. NAME
Steinway, John
STREET ADDRESS
299 9th Street No
CITY-ST-ZIP
St. Petersburg FL

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STEINWAY, JOHN
STREET ADDRESS
299 9TH STREET, NORTH
CITY-ST-ZIP
ST. PETERSBURG FL

6. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☒ DELETE

7. TITLE ☐ Change ☐ Addition

NAME
WESSON, EARL A.
STREET ADDRESS
299 9TH STREET, NORTH
CITY-ST-ZIP
ST. PETERSBURG FL

8. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

TITLE ☐ DELETE

9. TITLE ☐ Change ☐ Addition

NAME
WILBER, ROBIN S.
STREET ADDRESS
299 9TH STREET, NORTH
CITY-ST-ZIP
ST. PETERSBURG FL

10. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

TITLE ☐ DELETE

11. TITLE ☐ Change ☐ Addition

NAME
WEDDING, JUNE A.
STREET ADDRESS
299 9TH ST. NORTH
CITY-ST-ZIP
ST. PETERSBURG FL

12. NAME
6. STREET ADDRESS
7. 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: *Martin T. Lott* Martin T. Lott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Date

813/822-4317

Telephone Phone #

CR2E034 (12/95)