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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F82206

(6)

COMMERCIAL PARTNERS REALTY, INC.

FILED
Mar 27 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address 299 9TH STREET, NORTH PO BOX 683 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33731-0683 US								
					3. Date Incorporated or Qualified 05/20/1982		te of Last R)7/1996	eport
2. Principa! 21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2636296			oplied For ot Applicable
Suitc Ap		Suile, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 Fee Re	Additional equired
Oity & St	tate:	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Ζιρ 24		Zip Country 30			8. This corporation has liability for intangible tax under s. 199 Florida Statutes			. 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New F	legisterød /	\gent	
	ENT, LEWIS H.		81	Name				
	9 9TH STREET, NORTH		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
SI	T. PETERSBURG FL 33731-0683		83					
•			84	Cily			85 Zip	Code
mara en e	nt to the provisions of Scelions 607,050	NA 1005 45 00 F. 1: 0.				<u>FL</u>	<u> </u>	
12. TILE NAME	PD BOHAC, CHARLES B.	ID DIRECTORS DELETE	13. 11 TITLE 12 NAME	7	Kent William D 199-19 St. No. 5T. Petersburg,		Change	Addition
STREET ADDRES	299 9TH STREET, NORTH ST. PETERSBURG FL		1.3 STREET 1.4 City-S	ADDRESS 3	199-9 STINO.	El :	3370	/
THEF	SD	DELETE	2.1 TITLE	1-24	in personal,	<i>/</i> — -	Change	Addition
NAMÉ	LOTT, MARTIN T.		2.2 NAME	1				_
STREET ASSURES			23 STREET	ADDRESS				
011 - 51 - 701	ST. PETERSBURG FL		2 4 CITY-1	T-ZIP				
7016	OTCHNIAN IOUN	L] DELETE	3 1 TITLE				Change	■ Addition
NAME.	STEINWAY, JOHN S 299 9TH STREET, NORTH		3 2 NAME	********				
STHEET ADDRES ON YEST ZIP	ST. PETERSBURG FL		3.3 STREET 3.4. CITY - 3)				
101 Y St Zin	1		3 9. UH 1 1 3	L EN			Change	Addition
1		X DELFTE	4 1 TITLE	l				the same of the sa
NAME:	WILBER, ROBIN S.	X DELFTE	4.1 TIFLE 4.2 NAME				C Crongo	
NAME STREET ALIGNES	S 299 9TH STREET, NORTH	X I DELFTE		ADDRESS				
}	299 9TH STREET, NORTH ST. PETERSBURG FL	,	4. 2 NAME 4.3 STREET 4.4 CITY-S					
STREET ALIGNES CUTY ST ZIP THILE	299 9TH STREET, NORTH ST. PETERSBURG FL S	X ∫ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE				☐ Change	Addition
STREET ADORES CUTY ST ZIP TOLE NAME	299 9TH STREET, NORTH ST. PETERSBURG FL S WEDDING, JUNE A.	,	4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	1 - 712				
STREET ADDRESS CUTY ST. ZIP THTLE NAME STREET ADDRESS	299 9TH STREET, NORTH ST. PETERSBURG FL S WEDDING, JUNE A. 299 9TH ST. NORTH	,	4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	I - 71P ADORESS				
STREET ALIGHES CITY ST ZIP TOLE NAME	299 9TH STREET, NORTH ST. PETERSBURG FL S WEDDING, JUNE A.	DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	I - 71P ADORESS				
STREET ADDRES CITY ST ZIP TRUE NAME STREET ADDRES CITY ST ZIP	299 9TH STREET, NORTH ST. PETERSBURG FL S WEDDING, JUNE A. 299 9TH ST. NORTH	,	4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	I - 71P ADORESS			☐ Change	Addition
STREET ADORES CITY STORP TOLE NAME STREET ADDRESS CITY STORP TOLE	299 9TH STREET, NORTH ST. PETERSBURG FL S WEDDING, JUNE A. 299 9TH ST. NORTH ST. PETERSBURG FL	DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	1-7IP ADORESS 1-ZIP			☐ Change	Addition

14. I do ficreby 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 of 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 of pirector 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 of changed, or on an attachment with an address.

SIGNATURE: