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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED Jan 28 1998 8:00am Sandra B. Mortham

DOCUMENT # N15530 (1) TANIAMI COMMERCENTER CONDOMINIUM I ASSOCIATION, INC. Principal Place of Business Maling Address See S.W. 157TH ST. SUITE 101 Off JAMES R STOKER MAINT R. 3057 MAINT R. 5057 M	•	1998		DIVISION OF CORPORATIONS			ıs	Secretary of State	
Principal Place of Business Mailing Address Sex S. W. 197H ST. S.UITE 101 CyO JAMES R. STOCER MAMM F. 31577 MAMM F.	DOCU!	MENT #	N15530	(1)		_			
Principal Place of Business 886 S.W. 157TH ST. SUITE 101 CQC JAMES R. STOKER MAMR F. 33157 Applied For NOT APPLICABLE Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Principal Place of Business 3. Carl St. 1988 4. Carl St. 1988 5. Carl St. 1988 5. Carl St. 1988 5. Carl St. 1988 5. Carl St. 1988 6. Election Campaign Financing 7. St. 1988 8. This acopposition over of has paid the current year Internation 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name STOKER, JAMES R. 9245 S.W. 157TH ST. 5. Carl St. 1988 8. This acopposition over of has paid the current year Internation 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acosptable) 9. Name and Address of Sections 817 7600 and		MI COMMERCE	NTER CONDO	MINIUM I ASSOCIAT	ΠΟN,				
Principal Place of Business Mainty Address Set S. W. 157TH ST. S.UITE 101 C/O JANES R. STOKER MAINT R. 33157 MAINT R. 331	INC.								
C/O JAMES R. STOKER MAM FL 33157 Applied FG. Principal Place of Business 2. Principal Place of Business 3. Principal Place	Principal Place of Business			Mailing Address			·		
MAMN FL 33157 MAMN FL 3315	9245 S.W. 157TH ST., SUITE 101							3. Date Incorporated or Qualified	٦
Principal Place of Business									4
22									+
Suite, Apt. #, etc. Suite, Apt. #, etc.		lace of Business					5. Certificate of Status Desired \$8.75 Additional	7	
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28	22			27		_			╛
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25		Co	untry		Cou	intry			4
STOKER, JAMES R. 9245 S.W. 157TH ST. S-101 MIAMI FL 33157 11. Pursuant to the provisions of Sections 617,0502 and 617,1506, 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 thereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. Intereby accept the appointment as registered origin. I amount of a property of the corporation's board of directors. Intereby accept the appointment as registered origin. I amount of a property of the corporation's board of directors. Intereby accept the appointment as registered origin. I amount of a property of the corporation's board of directors. Intereby accept the appointment as registered origin. I amount of a property of the corporation's board of directors. Intereby accept the appointment as registered appointment as re	24				30			Personal Property Tax due June 30. Yes No	╛
9245 S.W. 157TH ST. S-101 MIAMI FL. 33157 44 City FL. 85 Zip Code 11- Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, 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, or both app		9. Name and Ad	ddress of Current	Registered Agent		81 !	Name	10. Name and Address of New Registered Agent	+
9245 S.W. 157TH ST. S-101 MIAMI FL. 33157 44 City FL. 85 Zip Code 11- Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, 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, or both app	STOKER	. JAMES R.					rass (P.O. Roy Number is Not Acceptable)	-	
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SIGNATURE Signature, typed or printed name of registered agent and title if supliciable. PATE PD DELETE 1,1 mm.e STOKER, JAMES R. 9245 SW 157TH ST., S-101 1,3 STREET ADDRESS CITY-ST-ZIP DELETE 1,1 mm.e Change Addition	MANAGE FE	. 99191				84	City	FL 85 Zip Code	1
SIGNATURE Signature, typed or printed name of registered agent and the R augicable. PiOTE Registered Agent signature (required when reinstating) DATE	11. Pursuant t	to the provisions of egistered agent, or	Sections 617.0502 both, in the State of	and 617.1508, Florida Statu f Florida, Such change was	tes, the at	pove-n	amed corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	1
NOTE Registrator Agent Uprature required when retinating) DATE		m familiar with, and	accept the obligat	ons of, Section 617.0503, F	lorida Stat	utes.		,	
TITLE		Signature, typed or printed				d Agent	signature requir		_ ←
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14. I hereby certify that the information supplied with this filling 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 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 emptwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only an attachment with an address.

SIGNATURE:

OKER CONSTRUCTION CORP.