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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P92000014102 (7)

NC 3-21

1. Corporation Name

~~PARK SHORE PROPERTIES, INC.~~

COMMERCIAL MANAGEMENT OF COLLIER [redacted] COUNTY, INC.

Principal Place of Business	Mailing Address
4200 GULF SHORE BLVD. NORTH NAPLES FL 33940	4200 GULF SHORE BLVD. NORTH NAPLES FL 34103-3436

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 03/28/1996

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: 34103
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3443087 -APPLIED-FOR ~~65-0675400~~ — [X] 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

CATALANO, ANTHONY J
4001 TAMIAMI TRAIL NORTH
SUITE 404
NAPLES FL 33940

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 34103

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	[ ] DELETE	1.1 TITLE	[X] Change [ ] Addition
NAME	LUTGERT, SCOTT F		1.2 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	ZIP CODE 34103
TITLE	VS	[ ] DELETE	2.1 TITLE	[X] Change [ ] Addition
NAME	BAKER, RICHARD J		2.2 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	ZIP CODE 34103
TITLE	VT	[ ] DELETE	3.1 TITLE	[X] Change [ ] Addition
NAME	GUTMAN, HOWARD B		3.2 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	ZIP CODE 34103
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [X] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	600002206866
STREET ADDRESS			6.3 STREET ADDRESS	-06/10/97--01006--010
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

RW 5-30-97

14. I do hereby 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 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: [signature] HOWARD B. GUTMAN (941) 261-6100