

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 # **P92000014527 (5)**

1. Corporation Name
SOUTH FLORIDA COMMERCIAL INVESTMENTS, INC.



Principal Place of Business: ~~6004 N. HIATUS RD.~~ SUNRISE FL 33351
Mailing Address: ~~6004 N. HIATUS RD.~~ SUNRISE FL 33351

3. Date Incorporated or Qualified: **12/22/1992**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business: 21 **10048 NW 53 ST**
Suite, Apt. #, etc.
22
City & State: 23 **SUNRISE FL**
Zip: 24 **33351** Country: 25 **USA**
2a. Mailing Address: 26 **10048 NW 53 ST**
Suite, Apt. #, etc.
27
City & State: 28 **SUNRISE FL**
Zip: 29 **33351** Country: 30 **USA**

4. FEI Number: **65-0381529**
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
HOTCHKISS, PETER A
~~6004 N. HIATUS RD.~~
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **10048 NW 53 ST**
83
84 City: **SUNRISE** FL 85 Zip Code: **33351**

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: _____ DATE: _____
Signature: Typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTCHKISS, PETER A	1.2 NAME	
STREET ADDRESS	5034 N. HIATUS RD.	1.3 STREET ADDRESS	10048 NW 53 ST
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KENNETH R	2.2 NAME	
STREET ADDRESS	5034 N. HIATUS RD.	2.3 STREET ADDRESS	10048 NW 53 ST
CITY-ST-ZIP	SUNRISE FL 33351	2.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ **PETER A. HOTCHKISS** 04/23/96 954-746-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)