

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 # **S59399** (3)

1. Corporation Name

COMMERCIAL REAL ESTATE GROUP, INC.



Principa: Place of Business

Mailing Address

819 WINDWILLOW CIRCLE
WINTER SPRINGS FL 32708
US

PO BOX 3782
WINTER SPRINGS FL 32708
US

3. Date Incorporated or Qualified **06/10/1991** 3a. Date of Last Report **02/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **174 WEST COMSTOCK AVE**

26 **PO Box 2356**

4. FEI Number **59-3073615** Applied For Not Applicable

22 Suite, Apt. #, etc. **104**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **Winter Park, FL**

28 City & State **Winter Park FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32789**

25 Country **USA**

29 Zip **32790**

30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIMKOFF, LOUIS H.
5780 WINDHOVER DR
ORLANDO FL 32819

81 Name **LOUIS H. NIMKOFF**
82 Street Address (P.O. Box Number is Not Acceptable) **174 WEST COMSTOCK AVE**
83 **SUITE 104**
84 City **WINTER PARK FL** 85 Zip Code **32790**

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 in 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 607.0508, Florida Statutes.

SIGNATURE: *[Signature]* **LOUIS H. NIMKOFF** 4/10/96 DATE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	NIMKOFF, LOUIS H.	5780 WINDHOVER DR	ORLANDO FL	<input type="checkbox"/>
VPD	NIMKOFF, LEE ANNE	5780 WINDHOVER DRIVE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address.

SIGNATURE: *[Signature]* **LOUIS H. NIMKOFF** 4/10/96 628-8814 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)