

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S95566** (3)

1. Corporation Name
COMMERCIAL CONSULTANTS AND MANAGEMENT, INC.



Principal Place of Business: **1550 DAYTONA RD. MIAMI BEACH FL 33141**
Mailing Address: **1405 N W 167TH STREET SUITE #240 MIAMI FL 33169**

2. Principal Place of Business
21 **1405 N.W. 167th ST.**
22 **240**
23 **Miami FL**
24 **33169** 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified: **11/21/1991**
3a. Date of Last Report: **10/30/1995**
4. FEI Number: **65-0299595**
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
**TIMS, CRAIG
3290 JAUJA PLUM
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent
81 Name: **CRAIG TIMS**
82 Street Address (P.O. Box Number is Not Acceptable): **5635 S.W. 164 Terr**
83 City: **DAVIE** 84 State: **FL** 85 Zip Code: **33331**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: DATE: **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	TIMS, CRAIG G	
STREET ADDRESS	3290 JAUJA PLUM	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	TIMS, MARIA TERRESIT A	
STREET ADDRESS	3290 JAUJA PLUM	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	5635 S.W. 164th Terr
4. CITY-ST-ZIP	DAVIE, FL 33331
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5635 S.W. 164th Terr
2.4 CITY-ST-ZIP	DAVIE FL 33331
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 or 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: DATE: **4/30/96** (205) 626-8846

CR2E034 (12/95)