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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V65151 (5)**
1. Corporation Name
THE COMMODORE SALES & RENTAL CORPORATION



Principal Place of Business: **4715 THOMAS DRIVE 8TH FLOOR PANAMA CITY BEACH FL 32408 US**

Mailing Address: **4715 THOMAS DRIVE 8TH FLOOR PANAMA CITY BEACH FL 32408-7324 US**

2. Principal Place of Business

21 **4715 THOMAS DRIVE**
Suite, Apt. #, etc.

22 City & State: **PANAMA CITY BEACH, FL**

23 Zip: **32408** Country: **USA**

24 **32408** 25 **USA**

2a. Mailing Address

26 **4715 THOMAS DRIVE**
Suite, Apt. #, etc.

27 City & State: **PANAMA CITY BEACH, FL**

28 Zip: **32408** Country: **USA**

29 **32408** 30 **USA**

3. Date Incorporated or Qualified: **09/18/1992**

3a. Date of Last Report: **01/26/1996**

4. FEI Number: **59-3145257**

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

**HESS, BRIAN D.
9108 FRONT BEACH RD.
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	TURLEY, MARILYN B
STREET ADDRESS	3601 OAK KNOLL CT.
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TERBOT, BILL
STREET ADDRESS	4715 THOMAS DR. #1210
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GENE HURLEY
STREET ADDRESS	4715 THOMAS DR #1101
CITY - ST - ZIP	PANAMA CITY BCH FL 32408
TITLE	D <input type="checkbox"/> DELETE
NAME	CHERRY, DON
STREET ADDRESS	1815 CROMWELL DR.
CITY - ST - ZIP	NASHVILLE TN
TITLE	D <input type="checkbox"/> DELETE
NAME	EVERETT, KENNETH
STREET ADDRESS	554 OPPERT RD.
CITY - ST - ZIP	DOTHAN AL
TITLE	D <input type="checkbox"/> DELETE
NAME	HERMANSEN, KEN
STREET ADDRESS	4715 THOMAS DR. #505
CITY - ST - ZIP	PANAMA CITY BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	32408
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	3408
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Cherry, Don
43 STREET ADDRESS	6323 Thomas Dr., #503
44 CITY - ST - ZIP	Panama City Beach, FL 32408
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	36301
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	32408

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: *Sandra B. Mortham* 1/18/97 904-235-1486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)