

FILE NOW: FILING FEE AFTER MAY 1ST \$50.00

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sam A. B. McArthur Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000048121 1. Corporation Name 1st COMMERCIAL PLUS CORP			
Principal Place of Business 8384 TRENT COURT #A BOCA RATON FL 33433		Mailing Address SAME	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 1/1/95		4. FEI Number 65-0500756	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No		8. Name and Address of Current Registered Agent ANGIE SAMBUCCO 8384 TRENT COURT #A BOCA RATON, FL 33433	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code	
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 Agent of Change) (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12 NAME STREET ADDRESS CITY, ST, ZIP 13 NAME STREET ADDRESS CITY, ST, ZIP 14 NAME STREET ADDRESS CITY, ST, ZIP 15 NAME STREET ADDRESS CITY, ST, ZIP 16 NAME STREET ADDRESS CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17 TITLE NAME STREET ADDRESS CITY, ST, ZIP 18 TITLE NAME STREET ADDRESS CITY, ST, ZIP 19 TITLE NAME STREET ADDRESS CITY, ST, ZIP 20 TITLE NAME STREET ADDRESS CITY, ST, ZIP 21 TITLE NAME STREET ADDRESS CITY, ST, ZIP 22 TITLE NAME STREET ADDRESS CITY, ST, ZIP 23 TITLE NAME STREET ADDRESS CITY, ST, ZIP 24 TITLE NAME STREET ADDRESS CITY, ST, ZIP 25 TITLE NAME STREET ADDRESS CITY, ST, ZIP 26 TITLE NAME STREET ADDRESS CITY, ST, ZIP 27 TITLE NAME STREET ADDRESS CITY, ST, ZIP 28 TITLE NAME STREET ADDRESS CITY, ST, ZIP 29 TITLE NAME STREET ADDRESS CITY, ST, ZIP 30 TITLE NAME STREET ADDRESS CITY, ST, ZIP 31 TITLE NAME STREET ADDRESS CITY, ST, ZIP 32 TITLE NAME STREET ADDRESS CITY, ST, ZIP 33 TITLE NAME STREET ADDRESS CITY, ST, ZIP 34 TITLE NAME STREET ADDRESS CITY, ST, ZIP 35 TITLE NAME STREET ADDRESS CITY, ST, ZIP 36 TITLE NAME STREET ADDRESS CITY, ST, ZIP 37 TITLE NAME STREET ADDRESS CITY, ST, ZIP 38 TITLE NAME STREET ADDRESS CITY, ST, ZIP 39 TITLE NAME STREET ADDRESS CITY, ST, ZIP 40 TITLE NAME STREET ADDRESS CITY, ST, ZIP 41 TITLE NAME STREET ADDRESS CITY, ST, ZIP 42 TITLE NAME STREET ADDRESS CITY, ST, ZIP 43 TITLE NAME STREET ADDRESS CITY, ST, ZIP 44 TITLE NAME STREET ADDRESS CITY, ST, ZIP 45 TITLE NAME STREET ADDRESS CITY, ST, ZIP 46 TITLE NAME STREET ADDRESS CITY, ST, ZIP 47 TITLE NAME STREET ADDRESS CITY, ST, ZIP 48 TITLE NAME STREET ADDRESS CITY, ST, ZIP 49 TITLE NAME STREET ADDRESS CITY, ST, ZIP 50 TITLE NAME STREET ADDRESS CITY, ST, ZIP 51 TITLE NAME STREET ADDRESS CITY, ST, ZIP 52 TITLE NAME STREET ADDRESS CITY, ST, ZIP 53 TITLE NAME STREET ADDRESS CITY, ST, ZIP 54 TITLE NAME STREET ADDRESS CITY, ST, ZIP 55 TITLE NAME STREET ADDRESS CITY, ST, ZIP 56 TITLE NAME STREET ADDRESS CITY, ST, ZIP 57 TITLE NAME STREET ADDRESS CITY, ST, ZIP 58 TITLE NAME STREET ADDRESS CITY, ST, ZIP 59 TITLE NAME STREET ADDRESS CITY, ST, ZIP 60 TITLE NAME STREET ADDRESS CITY, ST, ZIP 61 TITLE NAME STREET ADDRESS CITY, ST, ZIP 62 TITLE NAME STREET ADDRESS CITY, ST, ZIP 63 TITLE NAME STREET ADDRESS CITY, ST, ZIP 64 TITLE NAME STREET ADDRESS CITY, ST, ZIP 65 TITLE NAME STREET ADDRESS CITY, ST, ZIP 66 TITLE NAME STREET ADDRESS CITY, ST, ZIP 67 TITLE NAME STREET ADDRESS CITY, ST, ZIP 68 TITLE NAME STREET ADDRESS CITY, ST, ZIP 69 TITLE NAME STREET ADDRESS CITY, ST, ZIP 70 TITLE NAME STREET ADDRESS CITY, ST, ZIP 71 TITLE NAME STREET ADDRESS CITY, ST, ZIP 72 TITLE NAME STREET ADDRESS CITY, ST, ZIP 73 TITLE NAME STREET ADDRESS CITY, ST, ZIP 74 TITLE NAME STREET ADDRESS CITY, ST, ZIP 75 TITLE NAME STREET ADDRESS CITY, ST, ZIP 76 TITLE NAME STREET ADDRESS CITY, ST, ZIP 77 TITLE NAME STREET ADDRESS CITY, ST, ZIP 78 TITLE NAME STREET ADDRESS CITY, ST, ZIP 79 TITLE NAME STREET ADDRESS CITY, ST, ZIP 80 TITLE NAME STREET ADDRESS CITY, ST, ZIP 81 TITLE NAME STREET ADDRESS CITY, ST, ZIP 82 TITLE NAME STREET ADDRESS CITY, ST, ZIP 83 TITLE NAME STREET ADDRESS CITY, ST, ZIP 84 TITLE NAME STREET ADDRESS CITY, ST, ZIP 85 TITLE NAME STREET ADDRESS CITY, ST, ZIP 86 TITLE NAME STREET ADDRESS CITY, ST, ZIP 87 TITLE NAME STREET ADDRESS CITY, ST, ZIP 88 TITLE NAME STREET ADDRESS CITY, ST, ZIP 89 TITLE NAME STREET ADDRESS CITY, ST, ZIP 90 TITLE NAME STREET ADDRESS CITY, ST, ZIP 91 TITLE NAME STREET ADDRESS CITY, ST, ZIP 92 TITLE NAME STREET ADDRESS CITY, ST, ZIP 93 TITLE NAME STREET ADDRESS CITY, ST, ZIP 94 TITLE NAME STREET ADDRESS CITY, ST, ZIP 95 TITLE NAME STREET ADDRESS CITY, ST, ZIP 96 TITLE NAME STREET ADDRESS CITY, ST, ZIP 97 TITLE NAME STREET ADDRESS CITY, ST, ZIP 98 TITLE NAME STREET ADDRESS CITY, ST, ZIP 99 TITLE NAME STREET ADDRESS CITY, ST, ZIP 100 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
14. I 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] Res 3-1598 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)