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

APPROVED AND FILED

1996 AUG 28 PM 12:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **284567** **(5)**

1. Corporation Name

PUNTA GORDA FLA COMMERCIAL PROPERTIES DEVELOPMENT CORPORATION

Principal Place of Business

1906 BEAUMONT DR.
P.O. BOX 1693
BATON ROUGE LA 70821

Mailing Address

1906 BEAUMONT DR
P.O. BOX 1693
BATON ROUGE LA 70821

3. Date Incorporated or Qualified: **08/24/1964**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: **72-0594393** ☐ 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

WOTITZKY, FRANK
201 W MARION AVE
STE 301
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: Fred C. Cohen

82 Street Address (P.O. Box Number is Not Acceptable): 712 U. S. Highway 1, Suite 400

83

84 City: North Palm Beach FL 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 607.0505 and 607.0507, 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, my position as registered agent under Section 607.0505, Florida Statutes.

SIGNATURE: Fred C. Cohen 8/27/96

Signature of Registered Agent (or Agent's Authorized Representative) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WARVIN, WILBUR 1906 BEAUMONT DR BATON ROUGE LA	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FARRELL, B. EUGENE 1906 BEAUMONT DR BATON ROUGE LA	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	200001194438A12 -08/28/96--01102--007 ****383.75 ****383.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOVE, LOJEAN 1906 BEAUMONT DR BATON ROUGE LA	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition LSP 8/28/96

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)(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 of change 1 of on an attachment with an address.

SIGNATURE: B. Eugene Farrell 8/26/96 (504)924-7206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)