

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 656088

(2)

1. Corporation Name

COMMERCIAL PROPERTIES, INC.



Principal Place of Business

11911 US HWY ONE
STE. 308
N PALM BCH FL 33408
US

Mailing Address

11911 US HWY ONE
STE. 308
N PALM BCH FL 33408
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

COOK, ROBERT B.
11911 US HWY ONE
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified

02/18/1980

3a. Date of Last Report

06/12/1995

4. F.E. Number

59-2096898

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

10. Name and Address of New Registered Agent

81 Name Robert B. COOK

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

11911 U.S. Highway 1
Suite 210

84 City No. Palm Beach

FL

85 Zip Code

33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of person submitting this report

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

D
COOK, LESLIE A
17 BAY HARBOR
TEQUESTA, FL 33458

☐ DELETE

PST
COOK, LESLIE A
17 BAY HARBOR
TEQUESTA, FL 33458

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13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY - ST - ZIP

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

7. NAME

7. STREET ADDRESS

7. CITY - ST - ZIP

8. NAME

8. STREET ADDRESS

8. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not comply for the exemption stated in Section 119.07(4)(g), 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 agreement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-
H-15-96 7467800

CR2E034 (12/95)