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Mar 03 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 # 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 33408-2860
US



3. Date Incorporated or Qualified
02/18/1980

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
Suite 112
22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.
Suite 112
27 City & State

28 Zip Country

29 30

4. FEI 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

9. Name and Address of Current Registered Agent

ROBERT, B. COOK
11911 U. S. HIGHWAY 1
SUITE 240
NO. PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name

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

83 Suite 112

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	COOK, LESLIE A	
STREET ADDRESS	17 BAY HARBOR	
CITY - ST - ZIP	TEQUESTA, FL 33458	
TITLE	PST	DELETED
NAME	COOK, LESLIE A	
STREET ADDRESS	17 BAY HARBOR	
CITY - ST - ZIP	TEQUESTA, FL 33458	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change 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 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)