## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 659503

1. Corporation Name

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COMMERCIAL INTEREST DEVELOPMENTS, INC.

Principal Place of Business				Mailing Address					- ''				HEAL BIRSI			<b>     </b>
SOUTH U.S. H	HIGHWAY		S	outh U.S. Highway	Y											
P.O. BOX 147			P.O. BOX 147					DO NOT WRITE IN THIS SEACE								
INGLIS FL 32649				INGLIS FL 32649					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified							
										/17/1980	d or equalit	ieu				
2. Principal Pi	lace of Busin	ess	2a.	Mailing Address						Number					Applie	d For
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22			27					5. Ce.	uncate of Stat	tus Desiret			Fee	Requi	red	
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	N. W. 6TH					82	2] S	Street Addr	ress (P.O. I	3ox Number i	s Not Acce	eptable	)			
CH	YOTAL RIVE	R FL 32629				83	3									
						84	1 0	City					FL	85 Zip	Coc	le
11. Pursuant t	to the provisi	ons of Sections 607.050	02 and 6	07.1508, Florida Sta	atutes.	the abov	/e-n:	amed corp	ooration sui	bmits this stat	tement for t	the pur		changing	its re	gistered
office or re	egistered age	ons of Sections 607.050 ent, or both, in the State h, and accept the oblig	of Florid	da. Such change wa	as auth	orized b	y th	ne corporat	tion's board	d of directors.	I hereby a	ccept t	the app	ointment a	ıs reg	istered
agent. i ai	m raminat wii	in, and accept the oblig-	ration (5 Oi	1, 3608011 007.0000,	, r joriu											
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SIGNATURE		or printed name of registered age OFFICERS AN		CTORS		gistered Ag	gent s		red when reinst	ating) ITIONS/CHAN	IGES TO C	FFICE	DATE	DIRECTO		V 12
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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 if 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, br on an attachment with a address.

SIGNATURE.