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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FLORIDA COMMERCIAL EQUITIES CORPORATION

FILED May 12 1998 8:00am Secretary of State



							4)	
Principal Place of Business Mailing Address						4 100/16 BAIR BAIR BING BING 16400 AND GLOS BE	/!! EIBII EIBII E/BII	ninki tani
1805 MAIN STREET STE 910 SARASOTA FL 34238		1605 MAIN STREET STE 910 SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	SPACE	
						09/05/1980		
2. Principal P	ace of Business	2a. Mailing Address				4, FEI Number	Anı	plied For
21		— ·	26			59-2027989		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	
22		<u> </u>	27			5. Certificate of Status Desired	Fee Rec	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Re
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the c	urrent year Inta	angible
24	25	29	30			Personal Property Tax due June 30.		No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered	1 Agent	
GA	RDNER, JAMES W.			81	Name			
160	05 main St.		82 Street A		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ITE 910							
SA	rasota fl 34236			83				
			•	84	City	F	85 Zip C	ode
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 register								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								
				Ager	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	2 IN 12
TOLE	PTD	DELETE	13. 1.1 Til	16	T	ADDITIONS/CHANGES TO OFFICERS AI	Change	Addition
NAME	GARDNER, JAMES W.		1.2 NA				C. Similar	
STREET ADORESS	6400 FLOTILLA DR			1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLMES BCH FL		4					
TITLE	VSD	DELETE	2.1 TITLE		14.211		Change	☐ Addition
NAME	GARDNER, PATRICIA K.		22 NA					
STREET ADDRESS	6400 FLOTILLA DR.				ADDRESS			i
CITY-ST-ZIP	HOLMES BCH FL		2.4 CI					
TITLE		DELETE	3.1 TITLE		.,		Change	Addition
NAME			3.2 NAME				•	ĺ
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY-SI-ZIP			3.4. CITY - ST - ZIP		iT-ZIP			
TITLE		DELETE	4.1 TITLE		<u> </u>	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			4.2 N/					
STREET ADDRESS	STREET ADDRESS		4.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			4.4 Cf	4.4 CITY-ST-ZIP				
TITLE	☐ DELETE 511		5 1 TIT	LE			Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5 3 ST	REET /	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST	T-ZIP			
TITLE		DELETE	6.1 TIT	LE			Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET /	ADDRESS			
CITY-ST-ZIP			6.4 CR					
dd Ibaaab	ورز لمرمنا مرمر مرمزة مستومة ما مرياه فمرياه والقناه	tall all the fifth of the same and a second like it				Continue 110 07/2V/) Florido Ctatutas I further		! #

nereby 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 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.

James W. Gardner

4/29/98

(941) 955-9991