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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **849443** **(7)**

1. Corporation Name
**COMMONAGE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 5820 N. FEDERAL HIGHWAY<br>SUITE B<br>BOCA RATON FL 33487 | 5820 N. FEDERAL HIGHWAY<br>SUITE B<br>BOCA RATON FL 33487 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1981
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business — 21: 1100 5TH AVE SO.
2a. Mailing Address — 26: 1100 5TH AVE SO.
Suite, Apt. #, etc. — 22: 201 / 27: 201
City & State — 23: NAPLES, FL / 28: NAPLES, FL
Zip — 24: 33940 / 29: 33940
Country — 25: U.S. / 30: U.S.

4. FEI Number: 59-2100440 ☐ 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

CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | S | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PERRONE, STEPHEN L | 12 NAME | |
| STREET ADDRESS | 201 S BISCAYNE BLVD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | PICKEL, GARY R. | 22 NAME | |
| STREET ADDRESS | ~~5820 N. FEDERAL HIGHWAY~~ | 23 STREET ADDRESS | 1100 5TH AVE SO. #201 |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 24 CITY-ST-ZIP | NAPLES, FL 33940 |
| TITLE | ~~TD~~ | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ~~JOHNSON, W.J.~~ | 32 NAME | delete |
| STREET ADDRESS | ~~5820 N. FEDERAL HIGHWAY~~ | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 34 CITY-ST-ZIP | |
| TITLE | ~~AS~~ | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ~~DURANGEAU, R.~~ | 42 NAME | delete |
| STREET ADDRESS | ~~5820 N. FEDERAL HIGHWAY~~ | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 44 CITY-ST-ZIP | |
| TITLE | TD | 51 TITLE | ☐ Change ☒ Addition |
| NAME | WANKLYN, JOHN A. | 52 NAME | |
| STREET ADDRESS | 1100 5TH AVE SO. #201 | 53 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 33940 | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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 if changed, or on an attachment with an address.

**SIGNATURE:** John A. Wanklyn — 813-649-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN A. WANKLYN

0278076 CP