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FILED
May 14 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 # F62447 (0)
 1. Corporation Name
COMMERCE PARK OF PALM BEACH COUNTY, INC.



Principal Place of Business: **3111 FORTUNE WAY WAREHOUSE B-18 WEST PALM BEACH FL 33402-0018**

Mailing Address: **3111 FORTUNE WAY WAREHOUSE B-18 WEST PALM BEACH FL 33414-8711**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **01/13/1982**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2148521**

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
PERTNOY, SIDNEY M
100 SE 2ND STREET, 21ST FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent (1-4)

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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERTNOY, RONALD	
STREET ADDRESS	3111 FORTUNE WAY, B-18	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PERTNOY, SIDNEY M	
STREET ADDRESS	330 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHAPIRO, STEVEN	
STREET ADDRESS	12889 HEADWATER CIR	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WALLACE, MILTON J	
STREET ADDRESS	330 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)