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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000002805 (8)

COMMERCIAL PROPERTY MANAGEMENT INC.

Principal Place of Business Mailing Address 7227 MAIDA LANE P.P. BOX 60564 SUITE 2-E FT. MYERS FL 33906 DO NOT WRITE IN THIS SPACE FT MYERS FL 33908 3. Date Incorporated or Qualified <u>06/09/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0501757 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JAHN, VERDELLE G 7227 MAIDA LANE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2-E 83 FT MYERS FL 33908 **B4** City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 amo of registered eggs and title if applicable OFFICERS AND DIRECTORS (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition JAHN, VERDELLE NAME 1.2 NAME STREET ADDRESS 7227 MAIDA LANE 1.3 STREET ADDRESS FT MYERS FL 33908 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME

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 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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481-7478

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 09 1998 8:00am

Secretary of State