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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000003550 (7)

COMMONWEALTH REALTY ADVISORS, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
1767 SENTRY PARK WEST. STE. 200 BLUE BELL PA 19422		1767 SENTRY PARK WEST. STE. 200 BLUE BELL PA 19422			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	THE GITTEL
				07/08/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		23-2657613	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc			¢9.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
ZiD	Country	Zip	Country	B. This corporation owes or has paid t	· · · · · · · · · · · · · · · · · · ·
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Curr		1771	10. Name and Address of New Regis	
MATHISON, STEPHEN S ESOURE BI Name E. F. Hansen, Jr.					
TARA DOLL PALED ALLE					
PALM BEACH GARDENS FL 33418			82 Street Add	dress (P.O. Box Number is Not Acceptable)	e Dr. I
r Al	LIM BEACH GRANDENS PL 334	10	83	an Oil Monks	
			84 City /	Read Chic	FL 85 Zip Code 334/8
dd Dinaman	to the provisions of Sections 607.0	FO2 and CO7 1F/09 Florida State	Taln	- a realize a chapita this statement for the sure	and of phonoing its registered
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, as 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.					
agent. I a			Florida Statutes.		
SIGNATURE	- (-). Van		OTE Registered Agent signature requ		DATE
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE	1.1 TITLE	Application of the control of the co	Change Addition
NAME	HANSEN, E F JR		1.2 NAME		
STREET ADDRESS	28 ST. THOMAS DRIVE		1.3 STREET ADORESS		
1	PALM BEACH GARDENS F	1 22419	1.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	SDT	DELETE	2.1 TITLE		Change Addition
	HANSEN, E F III				
NAME			2.2 NAME	245 Crane Point S	outh
STREET ADDRESS	28 ST. THOMAS DRIVE	1 00446	2.3 STREET ADDRESS	265 Crane Point S Supiter, FL 3345	0
CITY-ST-ZIP	PALM BEACH GARDENS F	L 334 IB	2 4 CITY-ST-ZIP	30 piter, PL 3313	Change Addition
TITLE		☐ DETEIE	3.1 TITLE		Clarige C Radiilon
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		I bries	3.4. CITY-ST-ZIP		Change L Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 arn an officer or director of the corporation or the rejever 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 an an acciment with an address.

4/20/98 (215)283-2700