## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J18030 (3)COMMERCIAL PROPERTY ADVISORS, INC. Principal Place of Business Mailing Address **B36 FORSYTH ST** 836 FORSYTH ST **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1986 03/09/1995 2. Principal Place of Business 21 SOONE SPANISH RIVER BERIO Suite, Apt #, etc 4. FE Number Applied For 59-2695011 Not Applicable Suite, Apt. #, etc. Suite 17 \$8.75 Additional 5. Certificate of Status Desired Fee Required Oty & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intarigible tax under s. 199,032. Florida Statutes Yes No 29 30 10. Name and Address of New Registered Agent 81 LESLIE, CHARLES A., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 836 FORSYTH ST. **SUITE 210 BOCA RATON FL 33487** 84 City 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. Thereby accept the appointment as registered agent. I am familiar with land accept the obligations of, Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 1/16 Change Addition LESLIE, CHARLES A., JR 1.2 NAME CR2E034 836 FORSYTH ST. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 1.4.0HY - ST - ZIP FT DELETE 2.1 HHte Change Addition 2.2 NAME STHEET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY - ST - ZIP DELFTÉ 3 1 TiTLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 7/P DELETE 4 1 THLE Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 C(TY - S1 - Z)P ☐ DELETE 5 1 THE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - \$1 - ZIP DELFTE 6 1 THE Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 011 V - ST, ZIP 14. Ido 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)(k). 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 droad you the corporation or the receiver or mustre empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

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