## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

J27037

(7)

IDEAL COMMERCIAL MANAGEMENT, INC.



Principal Place of E	Business	Mailing Address			
8722 27TH ST. N. TAMPA FL 33604		8722 27TH ST. N. TAMPA FL 33604			
••••				Date Incorporated or Qualified     08/01/1986	3a. Date of Last Report 03/03/1995
		2a, Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business		i kima		59-2728064	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 Crity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to 1 coo
Zip	Country	Zp	Country	8. This corporation has liability for	Intangible tax under \$ 199.002.
<u>a</u> ]	25	29	30	Florida Statutes L. Yes  10. Name and Address of New F	tegistered Agent
<u> </u>	9. Name and Address of Current	t Registered Agent		10. Name and Address of New 1	
			81 Name		
WILLIAMSON, JAMES R			82 Street Ac	Idress (P.O. Box Number is Not Acceptat	ole)
	TH STREET N				
	FL 33604		83		
** WY !!			84 City		FL 85 Zip Code
				- to the cu	( Large of its registered office
11 Pursuant to	the provisions of Sections 607,0602	and 607 1508, Horida St	intuities, the above named con	peration salumits this statement for the public and of directors. Thereby accept the app	continent as registered agent. I am
or registered	diagent, or both, in the State of Flora , and accept the obligations of, Sect	da, Such change was aun ion 607,0505, Florida Stal	lates.	poration salomits this statement for the pu- paird of directors. Thereby accept the app	
tamiliar with,	, and accept the obligations of the				
SIGNATURF	grature Typed or printed track is of high tools are a	a. The dapplease	talla Bugitre (Agarting of actor		FICERS AND DIRECTORS IN 12
12.	OFFICERS AN	DIDRECTORS	13.	ADDITIONS/CHANGES TO OF	Change Addition
TITLE	DP	DEFEIF	* 4 NHE		
NAME	WILLIAMSON, JAMES R.		1.2 NAME		
STREET ADDRESS	8722 27TH ST. N.		1.3 STREET ACORESS		
CITY-ST ZIP	TAMPA FL	-	14 CHY-S1 7/F		Change Addition
TITLE	S	DELFTE	2.11110€		C ontaings
NAME	DERSHAM, KAREN		2.7 NAME		
STREET ADDRESS	50 ROSEWOOD		23 STREET ADDRESS		
	THONOTOSASSA FL		2.4 CIC++S1 7IP		Change Addition
City-ST-ZIP TitlE		DECE TE	3 1 TILLE		Griange / Joan 5.1
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
-			3.4.C(T)   \$1.20F		Change Add-tion
CITY-ST-ZIP TITLE		DELETE	4 ! Tr'LE		Change [ Advition
1			4.2 N48/C		
NAME OZDCET ADODESS			4.3 STHEFT ADDRESS		
STREET ADDRESS			4.4 CH F - ST 7/2		Change Addition
CITY-ST-ZIP TITLE		DELFT	5 1 TOTALE		C Grange C Addition
			5.2 NAME		
NAME DEGET LODDESS			5.3 STHEE! ACORESS		
STREET ADDRESS			5.4 City - ST - ZIF		Change Addition
CITY-ST-7IP		DELE!	E 6 'TITLE	1	El Claride El Addition
TITLE	1		L AZ NIME		
LIATAT	1		6.2 NAME		
NAME			63 STREET ADORESS		
STREET ADORESS			63 STREET ADDRESS	aily for the exemption stated in Section 1	o and the Clab do I feebor

I do hereby certify that the information supplied with this liting is voluntarily turnished and does not quarry for the exemption stated in Section 1.19.0743(8), Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, and that the information indicated on this annual report or supplemental annual report is true and accorde ano that my signature shall have the same legal effect as if made under only that I am an officer or director of the corporation or the receiver or bustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if dranged, or on an attachment with an address

SIGNATURE:

TEO NAME OF SIGNING OFFICER OR DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFI

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