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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNAT



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27037

(7)

IDEAL COMMERCIAL MANAGEMENT, INC.							
				è			
Principal Place	e of Business	Mailing Address			-{	,1 (1018 1018 148 148 11018 11018 11018 11018 11018 11018 11018 11018 11018 11018 11018 11018 11018 11018 11018	
8722 27TH ST. N. TAMPA FL 33604		8722 27TH ST. N. TAMPA FL 33804-2201	٠	i es	The state of the s		
					3. Date Incorporated or Qualified 08/01/1986	3a. Date of Last F 05/01/1996	Report
	lace of Business	2a. Mailing Address		į –	4. FEI Number		pplied For
21 Suita Ant	# sto	Suite, Apt. #, etc.		·	59-2728064		ot Applicable
Suile, Apt. #, etc.		27 Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zφ	Country	Zip	Country	1	8. This corporation has liability for		s. 19 9.032,
24	25 Name and Address of Curr	29	30		10. Name and Address of New Re	Yes No	
9. Name and Address of Current Registered Agent WILLIAMSON, JAMES R				Name	(U. Name bits Assists of their re	Sistered Affects	
	2 27TH STREET N		82	Stroot Addre	ess (P.O. Box Number is Not Acceptal	hie)	
	IPA FL 33804		02	Sileer Addie	See 1 .O. Box Number is Not Acceptain		
			83			1	
			84	City	,	85 Zip	Code
44 Commont	to the executeres of Captions COZ OF	DO and CO7 1500 Florida Ctatus	too the char	n named core	avation submits this statement for the	FL 65 CAP	to registered
office or r	egistered agent, or both, in the Sta	le of Florida. Such change was	authorized by	the corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the appointment as	registered
	m raminar with, and accept the obli	gations of, Section 607.0505, Fi	iorida Statutes	S.	•		
SIGNATURE	Signature: typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Age	ant signature require	ed when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFK		
TITLE	DP	L] DELETE	1.1 TITLE			Change	Addition
NAMÉ	WILLIAMSON, JAMES R.		1.2 NAME				
STREET AUDRESS	8722 27TH ST. N.		1.3 STREET	- 1			
CITY-ST-7IP	TAMPA FL	DELETE	1.4 CITY - S	T-ZIP		Change	Addition
THEF	S DEDOUALA MADEN	L. DELCIE	2.1 TITLE			— Divinge	□ ×oution
NAME	DERSHAM, KAREN 50 ROSEWOOD		2.2 NAME	48			
STREET ADDRESS	THONOTOSASSA FL		2.3 STREET				
CITY-S1-ZIP TITLE	IIIUITO TOUNDON I E	DELETE	2. 4 CITY - 1 3.1 TITLE	21-7P		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	ADDRESS			
COY-ST-ZIP		4.4 CITY		IT-ZIP			
TITLE		DELETE	DELETE 5.1 TITLE			☐ Change	Addition
NAME			52 NAME	1			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - SI - 712		T SCIETC	5.4 CITY - S	ST-ZIP		T 65	Additie =
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				

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