FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K16596** **(4)**

1. Corporation Name

COMMERCIAL & SUBDIVISION REALTY CORP.

Principal Place of Business	Mailing Address
C/O BERCUSON 9130 S. DADELAND BLVD.. #1704 MIAMI FL 33156 US	C/O BERCUSON 9130 S. DADELAND BLVD.. #1704 MIAMI FL 33156 US

3. Date Incorporated or Qualified: **03/01/1988**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0032054** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 450 North Park Road	26 450 North Park Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 710	27 710
City & State	City & State
23 Hollywood fl.	28 Hollywood Fl
Zip / Country	Zip / Country
24 33021 / 25 USA	29 33021 / 30 USA

9. Name and Address of Current Registered Agent

BERCUSON, DAVID
9130 S. DADELAND BLVD.
#1704
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Herman Moskowitz
82 Street Address (P.O. Box Number is Not Acceptable): 450 North Park Road
83: Ste 710
84 City: Hollywood FL 85 Zip Code: 33021

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Herman Moskowitz 3-20-96
Signature (typed or printed) of new registered agent and title, if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AUER, CHRISTIAN		1.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 121-D		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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 ☐ 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. I do 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)(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.

SIGNATURE: _____ CHRISTIAN AUER 3/20/96 (904) 325-4615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)