

**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 # **K19693 (6)**

1. Corporation Name

**CITIBANK COMMERCIAL PROPERTIES, INC.**



Principal Place of Business: **255 E. DANIA BEACH BLVD. DANIA FL 33004**  
Mailing Address: **C/O CITIBANK LEGAL DEPT. ONE SANSOME STREET 27TH FLOOR SAN FRANCISCO CA 94104**

3. Date Incorporated or Qualified: **03/30/1988**  
3a. Date of Last Report: **10/30/1995**  
4. FEI Number: **65-0046057**  
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: **21**  
2a. Mailing Address: **26 c/o Citibank Legal Dept.**  
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.  
City & State: **23** **500 W. Madison St., 8th Floor**  
City & State: **28** **Chicago, IL**  
Zip: **24** **60661** Country: **25** **US**

9. Name and Address of Current Registered Agent  
**SASSI, RICHARD M.  
8750 DORAL BLVD.  
MIAMI FL 33178**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (Print). Registered Agent Signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVPS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JO-ANN BARR TITLEY</b>	1.2 NAME	
STREET ADDRESS	<b>8750 DORAL BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPAS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL R. PORTH</b>	2.2 NAME	
STREET ADDRESS	<b>4041 NORTH CENTRAL AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHOENIX AZ 85012</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCAUSLAN ROBERT R.</b>	3.2 NAME	
STREET ADDRESS	<b>4041 N. CENTRAL AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHONIX AZ 85012</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCK DALE C.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE SANSOME STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRACISCO CA 94104</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPAS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASSI RICHARD M.</b>	5.2 NAME	
STREET ADDRESS	<b>8750 DORAL BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMY D. HOWLAND</b>	6.2 NAME	
STREET ADDRESS	<b>4041 N. CENTRAL AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHOENIX AZ 85012</b>	6.4 CITY-ST-ZIP	

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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)(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 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 as an attachment with an address.

SIGNATURE: Richard M. Sassi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard M. Sassi**

(305) 599-5807  
Daytime Phone #

CRE034 (12/95) 97-12-96