

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 # **K47991** (0)

1. Corporation Name

TRANS STATE COMMERCIAL REALTY, INC.



Principal Place of Business

**805 E. BROWARD BLVD.
SUITE 302
FT. LAUDERDALE FL 33301
US**

Mailing Address

**C/O 600 SOUTH ANDREWS AVENUE
SUITE 400
FT. LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified
11/30/1988

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **150 Southeast 12th St.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 101-W**

27

City & State

City & State

23 **Fort Lauderdale, FL**

28

Zip

Zip

Country

Country

24 **33316**

25 **USA**

29

30

4. FEI Number

65-0089435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, BRUCE DAVID
600 SOUTH ANDREWS AVENUE
SUITE 400
FORT LAUDERDALE FL 33301**

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

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **RILEY, IRIS**
STREET ADDRESS **805 E. BROWARD BLVD. #202**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Riley, Iris**
1.3 STREET ADDRESS **150 Southeast 12th Street**
1.4 CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

954-760-7006

Day

Daytime Phone #

CR2E034 (12/95)