

**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 # K55154 (4)**

1. Corporation Name:

**COMMERCIAL BROKERS GROUP, INC.**



Principal Place of Business:

**2965 SW BRIGHTON WAY  
PALM CITY FL 34990  
US**

Mailing Address:

**2965 SW BRIGHTON WAY  
PALM CITY FL 34990**

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State:

23 Zip Country

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State:

28 Zip Country

3. Date Incorporated or Qualified  
**01/03/1989**

3a. Date of Last Report  
**03/20/1995**

4. FEI Number

**65-0069964**

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

9. Name and Address of Current Registered Agent

**PORTER, HAL  
2965 S.W. BRIGHTON WAY  
PALM CITY FL 34990**

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 607.0532 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

|                      |                                 |                                 |
|----------------------|---------------------------------|---------------------------------|
| 12.1 TITLE           | <b>P</b>                        | <input type="checkbox"/> DELETE |
| 12.2 NAME            | <b>PORTER, HAL</b>              |                                 |
| 12.3 STREET ADDRESS  | <b>3228 SW MARTIN DOWNS BVD</b> |                                 |
| 12.4 CITY, ST, ZIP   | <b>PALM CITY FL</b>             |                                 |
| 12.5 TITLE           | <b>V</b>                        | <input type="checkbox"/> DELETE |
| 12.6 NAME            | <b>PORTER, EILEEN D.</b>        |                                 |
| 12.7 STREET ADDRESS  | <b>2965 SW BRIGHTON WAY</b>     |                                 |
| 12.8 CITY, ST, ZIP   | <b>PALM CITY FL</b>             |                                 |
| 12.9 TITLE           |                                 | <input type="checkbox"/> DELETE |
| 12.10 NAME           |                                 |                                 |
| 12.11 STREET ADDRESS |                                 |                                 |
| 12.12 CITY, ST, ZIP  |                                 |                                 |
| 12.13 TITLE          |                                 | <input type="checkbox"/> DELETE |
| 12.14 NAME           |                                 |                                 |
| 12.15 STREET ADDRESS |                                 |                                 |
| 12.16 CITY, ST, ZIP  |                                 |                                 |
| 12.17 TITLE          |                                 | <input type="checkbox"/> DELETE |
| 12.18 NAME           |                                 |                                 |
| 12.19 STREET ADDRESS |                                 |                                 |
| 12.20 CITY, ST, ZIP  |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                   |
| 13.3 STREET ADDRESS  |                                                                   |
| 13.4 CITY, ST, ZIP   |                                                                   |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |                                                                   |
| 13.7 STREET ADDRESS  |                                                                   |
| 13.8 CITY, ST, ZIP   |                                                                   |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |                                                                   |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY, ST, ZIP  |                                                                   |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |                                                                   |
| 13.15 STREET ADDRESS |                                                                   |
| 13.16 CITY, ST, ZIP  |                                                                   |
| 13.17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME           |                                                                   |
| 13.19 STREET ADDRESS |                                                                   |
| 13.20 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 record 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

*Hal Porter*

**HAL PORTER**

**1/31/96**

CR2E034 (12/95)