FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L30025 (5)

1. Corporation Name
COMMERCIAL 1 PROPERTIES INC.

Principal Place of Business	Mailing Address
P.O. BOX 1232 INDIAN ROCKS BEACH FL 34635-8232	P.O. BOX 1232 INDIAN ROCKS BEACH FL 34635-8232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1989
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0157689 — 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 / 26 Suite, Apt. # etc.
22 / 27 City & State
23 / 28 Zip, Country
24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAGE, STEPHEN J. 14290 WALSINGHAM ROAD, SUITE B LARGO FL 34644	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 19535 GULF BOULEVARD 83 SUITE B 84 City: INDIAN SHORES FL 85 Zip Code: 34635

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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	PAGE, EVELYN V.	1 NAME	
STREET ADDRESS	14290 WALSINGHAM RD,ST B	1 STREET ADDRESS	19535 GULF BLVD, STE B
CITY-ST-ZIP	LARGO FL	1 CITY-ST-ZIP	INDIAN SHORES FL 34635
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: Evelyn Page President — 4-20-1995 — (813)595-0366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0458460 FP