

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
(Division of Corporations)

**APPROVED
AND
FILED**

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DOCUMENT # L79940 (7)
1. Corporation Name:
**WEST PALM BEACH, FLA., COMMERCIAL PROPERTIES DEV
ELOPMENT CORPORATION**

Principal Place of Business: **West Palm Beach, FLA.**
P.O. BOX 1693
BATON ROUGE LA 70821

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/13/1990	3a. Date of Last Report 05/01/1994
4. FFI Number 72-0635152	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. 199.1(3)? Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Date: Apt. # 100	26. Date: Apt. # 100
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOTITZKY, FRANK 201 WEST MARION AVENUE, SUITE 301 PUNTA GORDA FL 33950	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the officer named herein hereby certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida is in compliance with the provisions of said statutes, and that the corporation is in good standing and is not in violation of any law or ordinance of the State of Florida.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONAL CHANGES TO CHANGE THE ANNUAL REPORT
NAME DP MARVIN, WILBUR P. O. BOX 1693 N/A BATON ROUGE LA	☐ Change ☐ Add
NAME V FARRELL, B. EUGENE, JR. P.O. BOX 1693 N/A BATON ROUGE LA	☐ Change ☐ Add
NAME S LOVE, LOJEAN P.O. BOX 1693 N/A BATON ROUGE LA	☐ Change ☐ Add
NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Add
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NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.1(3)(b), Florida Statutes. I further certify that the information included 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 of this report or on an attached sheet with an address.

SIGNATURE:

B. EUGENE FARRELL, JR.
DIRECTOR AND PRINTED NAME OF OFFICER OR DIRECTOR

4/24/95

504-924-7206