

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
P.O. BOX 1693 P.O. BOX 1693
BATON ROUGE LA 70821 BATON ROUGE LA 70821

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21		26		06/13/1990		08/28/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		72-0635152		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
24		25		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Country		7. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30.	
29		30		Yes		No	

9. Name and Address of Current Registered Agent

COHEN, FRED C
712 U.S. HIGHWAY 1
SUITE 400
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MARVIN, WILBUR	1.2 NAME	
STREET ADDRESS	P. O. BOX 1693 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	FARRELL, EUGENE B JR.	2.2 NAME	
STREET ADDRESS	P.O. BOX 1693 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	LOVE, LOJEAN	3.2 NAME	
STREET ADDRESS	P.O. BOX 1693 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

8/19/97 (504) 9211-7206

CR2E034 (4/97)