

**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 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L92737** (0)

1. Corporation Name

**COMMERCIAL-POWERLINE PROPERTY, INC.**

Principal Place of Business

**200 S. ANDREWS AVE. 6TH FL.  
FT. LAUDERDALE FL 33301**

Mailing Address

**200 S. ANDREWS AVE. 6TH FL.  
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/24/1990**

3a. Date of Last Report

**08/10/1994**

4. FEI Number

**65-0216284**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC  
801 BRICKELL AVE  
SUITE 2400  
MIAMI FL 33131**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL AGENTS TO OFFICERS AND DIRECTORS IF 12

|                 |                                   |
|-----------------|-----------------------------------|
| TITLE           | <b>DPS</b>                        |
| NAME            | <b>ROCHON, RICHARD</b>            |
| STREET ADDRESS  | <b>200 S. ANDREWS AVE. 6FL</b>    |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>           |
| TITLE           | <b>T</b>                          |
| NAME            | <b>MORSE, STEPHEN</b>             |
| STREET ADDRESS  | <b>200 S. ANDREWS AVE. 6FL</b>    |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>           |
| TITLE           | <b>V</b>                          |
| NAME            | <b>PIERCE, WILLIAM</b>            |
| STREET ADDRESS  | <b>200 S. ANDREWS AVE. 6TH FL</b> |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL 33301</b>    |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  | <b>700001 471627</b>                                              |
| 2.4 CITY - ST - ZIP | <b>-05/02/95--01144--024</b>                                      |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  | <b>****200.00 ****200.00</b>                                      |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 REGISTERING OFFICER OR DIRECTOR

**Richard C. Rochon, Director**

**4-27-95 (305) 524-8400**