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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M74670 (4)
1. Corporation Name
FLORIDA COMMERCIAL REAL ESTATE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **2187 CORINNE CT SO STE B ST PETERSBURG FL 33712 US**
Mailing Address: **PO BOX 27069 ST PETERSBURG FL 33712 US**

3. Date Incorporated or Qualified: **03/31/1988** 3a. Date of Last Report: **04/19/1994**

4. FEI Number: **59-2893889** 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

6. The corporation has liability for intangible tax under S. 119.032, Florida Statutes: Yes No

2. Principal Place of Business: **CORINNE** 2a. Mailing Address: **2187 CORINNE CT. S.**
Suite, Apt. #, etc.: **STE B.**
City & State: **ST PETERSBURG PINEHILLS**
Zip: **33712** Country: **FL.**

9. Name and Address of Current Registered Agent
**MCGOVERN, E. TOM
2187 CORINNE CT SO
STE B
ST PETERSBURG FL 33712**

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 607.0502 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]* (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS	
TITLE: DP	MCGOVERN, E. TOM 2187-B CORINNE CT SO ST PETERSBURG FL
TITLE: DCS	MCGOVERN, RUTH B. 2187-B CORINNE CT SO ST. PETERSBURG FL
TITLE: D	MCGOVERN, E. TOM III 435 12TH AVE NO ST. PETERSBURG FL
TITLE: D	MAYBERRY, KAY M. 1819 DUNSTAN HOUSTON-TX
TITLE: D	GEORGE, ROBERT H. 352 AROADIA PLACE SAN ANTONIO TX
TITLE: D	MCCONNELL, STEVE 1111 WESTSHORE #5 TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	O.M.T
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	O.M.T
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	O.M.T
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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplier and 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 proprietor 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 amendment with an address.

SIGNATURE: *[Signature]* P10 4-26-95 813 824 0518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **E. TOM MCGOVERN** Date: _____