

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:34

DOCUMENT # M93177 (7)

1. Corporation Name

SOUTH FLORIDA COMMERCIAL REALTY, INC.

Principal Place of Business

16095 NW 57TH AVE.
HIALEAH FL 33014

Mailing Address

16095 NW 57TH AVE.
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/03/1988** 3a. Date of Last Report **01/24/1994**

4. FEI Number **65-0064951** 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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**GRESS, KENNETH A
16095 NW 57TH AVE.
HIALEAH FL 33014**

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 607.05 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 its jurisdiction of incorporation. 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 duties of, the position of registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRESS, JON A
STREET ADDRESS	16095 NW 57TH AVE.
CITY-ST-ZIP	HIALEAH FL
TITLE	P
NAME	LICHTEN, JOHN
STREET ADDRESS	16095 NW 57TH AVE.
CITY-ST-ZIP	HIALEAH FL
TITLE	D
NAME	WILSON, WILMA
STREET ADDRESS	BX 9-11201 SW 55TH ST.
CITY-ST-ZIP	MIRAMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 original 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR

JON A. GRESS, President

1-25-95

Date

305-625-5151

Daytime Phone