FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21286 (2)

1. Corporation Name

COMMERCIAL INVESTMENT MEMBER, INC.

Principal Place of Business	Mailing Address
3017 EXCHANGE CT STE C WEST PALM BEACH FL 33409 US	3017 EXCHANGE CT STE C WEST PALM BEACH FL 33409 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1987
3a. Date of Last Report: 06/01/1994
4. FEI Number: 65-0126266 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 48 NE 1ST AVE	26 48 NE 1ST AVE
Suite, Apt. #, etc. 22 SUITE D	Suite, Apt. #, etc. 27 SUITE D
City & State 23 BOCA RATON	City & State 28 BOCA RATON
Zip / Country 24 33432 25 PALM BEACH	Zip / Country 29 33432 30 PALM BEACH

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
F. TED BROWN, JR. 513 U.S. HWY 1 NORTH PALM BEACH FL 33408	81 Name: CHARLES B SCHNADERER 82 Street Address (P.O. Box Number Is Not Acceptable): 48 NE 1ST AVE SUITE D 83 84 City: BOCA RATON FL 85 Zip Code: 33432

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: X [signature] CHARLES B. SCHNADERER 11 APR 96
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	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	BROWN, F. TED JR.	1.2 NAME	WILLIAM FAIRMAN
STREET ADDRESS	513 U.S. HWY. 1	1.3 STREET ADDRESS	48 NE 1ST AVE, SUITE D
CITY-ST-ZIP	N. PALM BCH. FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MEREDITH, GORDON D.	2.2 NAME	
STREET ADDRESS	1649 FORUM PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL JR., WILLIAM F.	3.2 NAME	
STREET ADDRESS	P.O. BOX 9/NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: [signature] W. FAIRMAN 4/11/95 407-362-7224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Area Code) Telephone Number

0048313