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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N21286 (2)

1. Corporation Name

COMMERCIAL INVESTMENT MEMBER, INC.



Principal Place of Business

48 NE 1ST AVE  
SUITE D  
BOCA RATON FL 33432  
US

Mailing Address

48 NE 1ST AVE  
SUITE D  
BOCA RATON FL 33432  
US

3. Date Incorporated or Qualified  
06/24/1987

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWADERER, CHARLES B  
48 NE 1ST AVE  
SUITE D  
BOCA RATON FL 33432

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date 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 FAIRMAN, WILLIAM ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
48 NE 1ST AVE, SUITE D  
BOCA RATON FL

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEREDITH, GORDON D.  
1649 FORUM PL.  
W PALM BCH. FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL JR., WILLIAM F.  
P.O. BOX 9/NA  
BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

45

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

55

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES B SCHWADERER

Date

Daytime Phone #

CR2E037 (12/95)