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Apr 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morther Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21286** (2)

1. Corporation Name

COMMERCIAL INVESTMENT MEMBER, INC.



Principal Place of Business	Mailing Address
48 NE 1ST AVE SUITE D BOCA RATON FL 33432 US	48 NE 1ST AVE SUITE D BOCA RATON FL 33432 US

3. Date Incorporated or Qualified	06/24/1987
4. FEI Number	65-0126266
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1203 N. Dixie Hwy	26 1203 N. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 LAKE WORTH, FL	28 LAKE WORTH, FL
Zip	Zip
24 33460	29 33460
Country	Country
25 Palm Beach	30 Palm Beach

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
SCHNADERER, CHARLES B 48 NE 1ST AVE SUITE D BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D FAIRMAN, WILLIAM
NAME	48 NE 1ST AVE, SUITE D
STREET ADDRESS	BOCA RATON FL
CITY-ST-ZIP	
TITLE	D MEREDITH, GORDON D.
NAME	1649 FORUM PL.
STREET ADDRESS	W PALM BCH. FL
CITY-ST-ZIP	
TITLE	D KOCH, WILLIAM F. III
NAME	900 E ATLANTIC AVENUE
STREET ADDRESS	DELRAY BEACH FL
CITY-ST-ZIP	
TITLE	P REICHEL, WILLIAM
NAME	4524 GUN CLUB RD. #212
STREET ADDRESS	WEST PALM BCH FL 33415
CITY-ST-ZIP	
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	D SUSAN THOMAS
1.2 NAME	105 S. NARCISSUS AVE
1.3 STREET ADDRESS	West Palm Beach, FL 33401
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer + Director
2.2 NAME	D Michael Norton
2.3 STREET ADDRESS	1203 N. Dixie Hwy
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33460
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D Director
4.2 NAME	Koch, William F. III
4.3 STREET ADDRESS	900 E. ATLANTIC AVE.
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33425
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	700002479147
6.2 NAME	--04/06/98--01011--007
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ 2-26-98 561-582-9037

CP2E037 (10/97)