

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30576 (5)

1. Corporation Name

COMMERCE CENTER OF SOUTH BROWARD ASSOCIATION, INC.



Principal Place of Business

MATHEWS, CAROLYN
3514 ARCH STREET
TAMPA FL 33607
US

Mailing Address

MATHEWS, CAROLYN
3514 ARCH STREET
TAMPA FL 33607
US

3. Date Incorporated or Qualified
02/09/1989

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

21 5353 South State Road 7

2a. Mailing Address

26 5353 South State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Davie, FL

City & State

28 Davie, FL

Zip

24 33314

Country

25 USA

Zip

29 33314

Country

30 USA

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

MATHEWS, CAROLYN C.
3514 ARCH STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

Charles Smith

82

Street Address (P.O. Box Number is Not Acceptable)
5353 South State Road 7

83

84

City
Davie

FL

85 Zip Code
33314

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 Charles Smith

Signature, typed or printed name of registered agent and the agent's title

Charles R. Smith

8-6-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, CAROLYN	
STREET ADDRESS	3514 ARCH STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOREE, GARY	
STREET ADDRESS	3514 ARCH STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITCOMB, STAN	
STREET ADDRESS	1647 SAN CITY CENTER PLAZA	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Michael Grimail	
13 STREET ADDRESS	5353 South State Road 7	
14 CITY-ST-ZIP	Davie, FL 33314	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Charles Smith	
23 STREET ADDRESS	5353 South State Road 7	
24 CITY-ST-ZIP	Davie, FL 33314	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Marty Gordon	
33 STREET ADDRESS	4700 SW 51st, Bldg. 200	
34 CITY-ST-ZIP	Davie, FL 33314	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Charles R. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Smith

8-6-96

DATE

954-791-3520

Telephone Number

CR2E037 (12/95)