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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT,  
1997



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, IN  
C.

Principal Place of Business

5353 SOUTH STATE ROAD 7  
DAVIE FL 33314  
US

Mailing Address

5353 SOUTH STATE ROAD 7  
DAVIE FL 33314-6403  
US



3. Date Incorporated or Qualified  
02/09/1989

3a. Date of Last Report  
08/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

SMITH, CHARLES  
5353 SOUTH STATE ROAD 7  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name Wilwayco, Allan A.  
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 *Allan Wilwayco* *Allan Wilwayco Director* 2/12/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMAIL, MICHAEL	
STREET ADDRESS	5353 SOUTH STATE ROAD 7	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CHARLES	
STREET ADDRESS	5353 S. STATE RD. 7	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, MARTY	
STREET ADDRESS	4700 SW 51ST STREET BLDG 200	
CITY-ST-ZIP	DAVIE FL	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilwayco, Allan	
1.3 STREET ADDRESS	5353 South State Road 7	
1.4 CITY-ST-ZIP	Davie, FL 33314	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Royall, Butch	
2.3 STREET ADDRESS	5353 South State Road 7	
2.4 CITY-ST-ZIP	Davie, FL 33314	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Allan Wilwayco* *Allan Wilwayco* 1-19-97 (954) 791-3520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036333

CR2E037 (9/96)