## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000048604 (1) COMMERCIAL REAL ESTATE CORPORATION Principal Place of Business Mailing Address



MEDLEY FL	ETH WAY #10 33178	9965 NW 116TH WAY #10 MEDLEY FL 33178							
					<ol><li>Date Incorporated or Qualified 07/12/1993</li></ol>	3a. Dat 05/	e of Las <b>01/19</b> 9		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied	For
		26			<b>65-0428362</b> Not Applical				
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additi Require	
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution			0 May	
Zip	Country 25	7 <sub>1</sub> p	Country 30	1	This corporation has liability for in Florida Statutes		ax unde No	s 199	032,
<u>                                     </u>	9. Name and Address of Cui		30]		10. Name and Address of New Reg	istered A	gent		
711	V, JAY		81	Name					
99	955 NW 116TH WAY #10 EDLEY FL 33178		82		lress (P.O. Box Number is Not Acceptabl	e)			
1741	LOCCI I C OO II O		83						
			84	City		FL	<b>B</b> 5 Z	ip Code	:
	the case delicas of Contact CO7	OLOG and EO7 1500 Florida Clatida	e thu above	I manued corr	poration submits this statement for the purion's board of directors. I hereby accept		1 1 hang po	its reco	stered
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roo nereby certify that the information supplied with this image is voluntarily turnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes 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 it 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 to Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 (305)888-5800