

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Donald R. Mosher
Secretary of State
Department of State, Tallahassee, FL 32301

**APPROVED
AND
FILED**

May 1, 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051885 (0)

1995

THE COMMONS GROUP BOCA RATON, INC.

Principal Place of Business		Mailing Address	
621 NW 53RD ST. SUITE 240 BOCA RATON FL 33487		621 NW 53RD ST SUITE 240 BOCA RATON FL 33487	
2. Principal Place of Business		2a. Mailing Address	
21		26	
State, Apt. # etc.		State, Apt. # etc.	
22		27	
City, Name		City & State	
23		28	
24		25 29 30	
9. Name and Address of Current Registered Agent			
MITCHELL, JOHN E 621 NW 53RD ST. SUITE 240 BOCA RATON FL 33487			

3. Date Incorporation or Organization	3a. Date of Last Report
07/21/1993	08/01/1994
4. FEI Number	Applied For 65-0459789 Not Applicable
5. Certificate of State Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
8. This corporation has liability for unpaid tax under Section 6010 of Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Section 6010 of Chapter 177, Florida Statutes, the above named corporation submits the 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. Copy by affidavit of the appointment of its registered agent, if no attorney is being appointed, or affidavit of corporation, if no attorney is being appointed, Florida Statutes.

SERIALIZED

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS
D MITCHELL, JOHN E 621 NW 53RD ST., SUITE 240 BOCA RATON FL 33487	1. NAME 2. ADDRESS 3. CITY & STATE 4. ZIP CODE 5. NAME 6. ADDRESS 7. CITY & STATE 8. ZIP CODE 9. NAME 10. ADDRESS 11. CITY & STATE 12. ZIP CODE 13. NAME 14. ADDRESS 15. CITY & STATE 16. ZIP CODE 17. NAME 18. ADDRESS 19. CITY & STATE 20. ZIP CODE 21. NAME 22. ADDRESS 23. CITY & STATE 24. ZIP CODE
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14. I solemnly swear that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 6010 of the Florida Statutes. I further certify that the information is true to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath that I am an officer or employee of the corporation or the agent of trustee empowered to execute the report as required by Chapter 6010 of the Florida Statutes, and that my name appears in Block 1 or Block 4 of chapter 6010 of the front of this document.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/95 107-995-1400

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