

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000036362 (9)

1. Corporation Name
CARTWRIGHT NOLAN COMMERCIAL PROPERTIES, INC.

Principal Place of Business
3400 LAKESIDE DRIVE SUITE 500
MIRAMAR FL 33027

Mailing Address
3400 LAKESIDE DRIVE SUITE 500
MIRAMAR FL 33027-3238



2. Principal Place of Business

21 515 E. Las Olas Blvd.

Suite, Apt. #, etc

22

City & State

23 Ft. Lauderdale FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 410 KRONHEIM, 90126 AVE

Suite, Apt. #, etc

27 Suite 105

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 USA

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0490825

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

CARTWRIGHT, DONALD B
3550 LAKESIDE DR.
MIRAMAR FL 33027-1522

10. Name and Address of New Registered Agent

11 Name
Cartwright, Donald B.

12 Street Address (P.O. Box Number is Not Acceptable)
515 E Las Olas Blvd.

13

14 City
Ft. Lauderdale

FL

15 Zip Code
33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARTWRIGHT, DONALD B
STREET ADDRESS 3400 LAKESIDE DRIVE SUITE 500
CITY-ST-ZIP MIRAMAR FL 33027

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Cartwright, Donald B
1.3 STREET ADDRESS 515 E. Las Olas Blvd.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I change, delete, or an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 James R. Nolan 1/20/97 7670071
Date Daytime Phone #

CR2E034 (9/96)