

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JENNIFER B. SANDERS  
TALLAHASSEE, FLORIDA 32304-0001  
TELEPHONE 904-412-2000 FAX 904-412-2001

APPROVED  
AND  
FILED

95 MAY -1 AM 9:20

DOCUMENT # P94000055262 (7)

THE COMMONS GROUP, FORT LAUDERDALE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                |  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| 6301 N.W. 5TH WAY<br>SUITE 5000<br>FORT LAUDERDALE FL 33301                                                                                                    |  | 6301 N.W. 5TH WAY<br>SUITE 5000<br>FORT LAUDERDALE FL 33301 |  |
| 2. Principal Office Address                                                                                                                                    |  | 2a. Mailing Address                                         |  |
| 21. State of Incorporation                                                                                                                                     |  | 26. State of Incorporation                                  |  |
| 22. Fiscal Year                                                                                                                                                |  | 27. Fiscal Year                                             |  |
| 23. Date of Report                                                                                                                                             |  | 28. Date of Report                                          |  |
| 24. Name and Address of Current Registered Agent                                                                                                               |  | 29. Name and Address of New Registered Agent                |  |
| 30. Name and Address of New Registered Agent                                                                                                                   |  | 31. Name                                                    |  |
| 32. Street Address, P.O. Box, Apartment or Not Acceptable                                                                                                      |  | 33. City                                                    |  |
| 34. State                                                                                                                                                      |  | 35. Zip Code                                                |  |
| 3. Certificate of Incorporation                                                                                                                                |  |                                                             |  |
| 3a. Date of Last Report                                                                                                                                        |  |                                                             |  |
| 3b. Date of Report                                                                                                                                             |  |                                                             |  |
| 4. Certificate of Status                                                                                                                                       |  |                                                             |  |
| 5. Certificate of Status                                                                                                                                       |  |                                                             |  |
| 6. Election Campaign Finance and Fund Contribution                                                                                                             |  |                                                             |  |
| 7. This corporation has a subsidiary that is not a Florida corporation                                                                                         |  |                                                             |  |
| 8. This corporation has a subsidiary that is not a Florida corporation                                                                                         |  |                                                             |  |
| 9. Name and Address of Current Registered Agent                                                                                                                |  |                                                             |  |
| 10. Name and Address of New Registered Agent                                                                                                                   |  |                                                             |  |
| 11. I, the undersigned, certify that the information contained in this report is true and correct, and that I am a duly authorized officer of the corporation. |  |                                                             |  |
| SIGNATURE                                                                                                                                                      |  |                                                             |  |
| 12. OFFICE OF THE SECRETARY OF STATE                                                                                                                           |  |                                                             |  |
| 13. ADDRESS OF THE SECRETARY OF STATE                                                                                                                          |  |                                                             |  |
| 14. I, the undersigned, certify that the information contained in this report is true and correct, and that I am a duly authorized officer of the corporation. |  |                                                             |  |
| 15. I, the undersigned, certify that the information contained in this report is true and correct, and that I am a duly authorized officer of the corporation. |  |                                                             |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR