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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060807 (2)

COMMERCIAL FLORIDA REALTY PARTNERS, INC.

OOMINE	NOIME FEORIUM REALTY I	AHHILIO, HO					
Principal Place	of Business	Mailing Address		·,		1144 06 44 0 0 1444 00106 10 416 00 4	H 1 83 1 131
2650 N MILITAI	RY TRAIL	2650 N MILITARY TRA	IL				
SUITE 140		SUITE 140					
BOCA RATON	FL 33431	BOCA RATON FL 3343	31-6339		3. Date Incorporated or Qualified	3a. Date of Last F	Report
					08/18/1994	08/13/1996	16port
	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21	L AL	Suite, Apt. #, etc.			65-0514021		ot Applicable
Suite, Apt #	y, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Z ip	Country	Zip	Coun	try	8. This corporation has liability for		s. 199.032,
24	25 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New R	Yes No	
040	KS, GEORGE	un negisteren Agent		1 Name	10. Halles BIRD Address of New A	afileraten wheter	
	no, george 5 N.W. 35TH STREET		ļ.,				
	A RATON FL 33431				ress (P.O. Box Number is Not Accepte	rp(e)	
			Ĺ	13 14 City	•	Tecl 7:-	Code
				City		FL 85 Zip	Code
office or re	o the provisions of Sections 607.05 ogistered agent, or both, in the Stat in familiar with, and accept the obliq	e of Florida Such change w	as authorized	by the corporal	poration submits this statement for the tion's board of directors. I hereby acco	purpose of changing i apt the appointment as	its registered registered
	Signature, typed or printed name of registered a			Agent signature requi	red when reinstating)	DATE	
12.	D DEFICERS AF	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	Addition
NAME	SACKS, GEORGE	Д жи	1.2 NAM			Citaligo	LL POOLION
STREET ADDRESS	2295 N.W. 35TH STREET		E	EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		- 1	-ST-ZIP			İ
TITLE		DELETE	21 TITL			☐ Change	Addition
NAME			2.2 NAN	IE .			
STREET ADDRESS			2.3 STR	ET ADDRESS			
CITY-ST-ZIF	***************************************	La printe		Y - ST - ZIP		T 1 01	I Large
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STREET ADDRESS CITY - ST - ZIP				Y-SY-ZIP			
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CHY-ST-ZIP			4.4 CIT)	/-S1-ZIP			
TITLE		☐ DELETE	5.1 TITU	ľ		☐ Change	Addition
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STREET ADDRESS				EET ADDRESS			,
CITY-ST-ZIP THLE		DELETE	5.4 CITY 6.1 TITL	r-ST-ZIP	**************************************	☐ Change	Addition
NAME		∟ octric	62 NAN	ĺ		L Change	L. Abolloi
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP				(-ST-ZIP			
14 Ldo bereh	y certify that the information suppli	ed with this filing does not q	ualify for the e	xemotion state	d in Section 119.07(3)(i), Florida Statul	tes. I further certify that	t the
information I am an of appears u	n indicated on this annual report or ficer or director of the corporation on Block 12 or Block 13 if changed,	supplemental annual report or the receiver or trustee em or on an attachment with an	is true and ac pewered to ex address.	ccurate and tha ute this repo	it my signature shall have the same leg ort as required by Chapter 607, Florida	Jai effect as if made ur Statutes; and that my	name

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 TOCHMENT # LIATERO

101

al Place of Business W, 36TH STREET FL 33166-6804	Mailing Address 7970 N.W. 36TH STREET MIAMI FL 33168-6804			
			3. Date Incorporated or Qualifie 08/21/1984	3a. Date of Last Report 03/11/1996
cipal Place of Business	2a. Mailing Address 26	-	4. FEt Number 59-2422731	Applied Fo
e, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
& State	City & State		6. Election Campaign Financing	\$5.00 May Be
Country	28 Zip	Country		for intangible tax under s. 199.03
25] 9. Name and Address of Curre	29 Agent	30	Florida Statutes 10. Name and Address of New	Yes No
g. Name and Address of Corre	aur naftigretan Walir	81 Name	IV. Name and Address of New	negistered Agent
		82 Street	Address (P.O. Box Number is Not Accep	otable)
		63		
		24 0		les I 7:- Corto
0 001		84 City		FL 85 Zip Code
<i>XYYYXYXX</i> YXYYYYYYYYYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Torida Statutes.	corporation submits this statement for the poration's board of directors. I hereby ac	
TURE Supplies / ped or profed name of registered a	XXXXXX igent and tice if applicable INC ND DIRECTORS	11E: Registered Agent signature	required when reinstating)	DATE FICERS AND DIRECTORS IN 12
TURE AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	gent and tird if applicable (NC	116: Registered Agent signature 13.	required when reinstating)	DATE
TURE Pignale ped or profed name of registered a OFFICERS AL	XXXXXX igent and tice if applicable INC ND DIRECTORS	113. 1.1 TITLE 1.2 NAME	required when reinstating)	DATE FICERS AND DIRECTORS IN 12
TUHE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX igent and tice if applicable INC ND DIRECTORS	1E: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstaling) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 K Change
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SIGNATURE: SVP, CFO & CASHIER 4/2/97 (305)591-7566