

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074199 (8)

1. Corporation Name

COMMERCIAL CENTER EXECUTIVE OFFICE, INC.

Principal Place of Business

**470 N.E. 99TH STREET
MIAMI SHORES FL 33138**

Mailing Address

**470 N.E. 99TH STREET
MIAMI SHORES FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1994	3a. Date of Last Report
4. FEI Number 65-0527602	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
7. This corporation has liability for stockpiling for use in war Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21. 6157 NW 167TH ST. State Apt. # etc 22. Suite F-21 City & State 23. MIAMI, FL Zip 24. 33015	2a. Mailing Address 26. 6157 NW 167TH ST. State Apt. # etc 27. Suite F-21 City & State 28. MIAMI, FL Zip 29. 33015
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9. Name and Address of Current Registered Agent

**MESE, JOHN CARL
470 N.E. 99TH STREET
MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Applicable) 6157 NW 167TH STREET	33015
83. Suite # Suite F-21	
84. City MIAMI	FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing and is not delinquent in the payment of any taxes or fees due to the State of Florida. I hereby accept the appointment as registered agent for the corporation and agree to accept the duties and liabilities imposed by the Florida Statutes.

SIGNATURE: **JOHN CARL MESE** DATE: **6-30-95**

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)
NAME MESE, JOHN CARL STREET ADDRESS 170 N.E. 99TH STREET CITY MIAMI SHORES FL 33138 PST	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I, the undersigned, certify that the information provided with this filing is accurately furnished and does not qualify for the exemption stated in Section 111.07(1)(b), Florida Statutes. I further certify that the information submitted in this annual report or supplemental annual report is true and accurate and that my registration shall begin the next business day of receipt of this report. I agree to accept the duties and liabilities imposed by the Florida Statutes and that my name appears in the report of the corporation.

SIGNATURE: **JOHN CARL MESE** DATE: **6-30-95 (305) 825-9972**