

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000087983

1. Corporation Name

COMMERCIAL RESOURCES GROUP, INC.

Principal Place of Business

1 RESPONSE ROAD TARPON SPRINGS FL 34689-8500 Mailing Address

20200 NE 10TH PL.

## Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90143 041 \*\*\*150.00



DO	NOT	WRITE	IN	THIS	SPAC

.,,,,,			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				12/05/1994		
2. Principal P	lace of Business	2a. Mailing Address	•	4. FEI Number	Applie	ed For
21 2020	O NE JOTH PLACE	26		65-05423 <u>03</u>	Not A	pplicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$ <b>8.75</b> _Add	
22		27		5. Certificate of Otatos Desired	Fee Requ	ired
City & Stat		City & State		6. Election Campaign Financing	□ \$5.00 ма	ay Be
23 /17/	AMI PL	28		. Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Country	<ol><li>This corporation owes the current</li></ol>		
24 <u>33 /</u>	19 25 USH		30	Personal Property Tax.		No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	jistered Agent	
CNIA	M. DENEL		81 Name	IARECH JOYCE	<u> </u>	
	M, RENE!		82 Street 2	Address (P.O. Box Number is Not Acceptable	= <u></u>	
-	ESPONSE-ROAD-		2	0200 NE 10Th	P	
IARI	PON-SPRINGS-FL-34689-8500		83	ŧ		
			84 City	niami	FL 85 Zip Coo	770
	(0-11-007-0500	CO7 4500 Florido Parka-	- 4h - abaya aamada	experience of the statement for the rule	• -     1.767_7	nistered :
office or r	registered agent, or both, in the State o	f Florida. Such change was au	thorized by the corpo	corporation submits this statement for the pur pration's board of directors. I hereby accept to	he appointment as regis	tered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes.		11/1/00	
SIGNATURE	Chile MIAK	ech			7///99 DATE	
45	Signation types or protect fact of registered agent		Registered Agent signature re	ADDITIONS/CHANGES TO OFFIC		S IN 12
12.	PSTD OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO CITY	☐ Change	Addition
		A DECEMBER OF THE PERSON OF TH	1.2 NAME			_
NAME	GNAM, RENE'	·				
STREET ADDRESS	1 RESPONSE ROAD	:00	1.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689-85	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	PSTD	Change	Addition
TITLE	**	C becele	•	FSID	A	_
NAME	WARECH, JOYCE		2.2 NAME			:
STREET ADDRESS			2.3 STREET ADDRESS			Ï
CITY-ST-ZIP	MIAMI FL 33179	☐ DELETE	2.4 CITY-ST-ZIP		Change	☐ Addition
TITLE		Doerese	3.1 TITLE		□ ougugo	
NAME	f		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY+ST-ZIP		□ nelete	3.4. CITY+ST+ZIP	:	☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE		П спанде	
NAME	1		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Chanca	Addition
TITLE		☐ DELETE	5.1 TITLE		Change	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			□ A J J141
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY_ST_7ID	<b>{</b> .		6.4 CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

3056513616