

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # P95000015775 (6)

1. Corporation Name

COMMERCIAL PROPERTIES/LEASING OF FLORIDA, INC.



Principal Place of Business

Mailing Address

~~201 FRONT STREET~~
~~SUITE 010~~ 1110 Georgia St.
KEY WEST FL 33040

~~201 FRONT STREET~~
~~SUITE 010~~ 1110 Georgia St.
KEY WEST FL 33040-8849

2. Principal Place of Business

21 1110 Georgia St.

Suite, Apt. #, etc.

22 City & State

23

24 Zip Country

25

2a. Mailing Address

26 1110 Georgia St.

Suite, Apt. #, etc.

27 City & State

28

29 Zip Country

30

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0571581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CHEEK, ALAN D
~~201 FRONT STREET~~
~~SUITE 010~~ 1110 Georgia St.
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PT
NAME CHEEK, ALAN D
STREET ADDRESS ~~201 FRONT ST., SUITE 310~~ 1110 Georgia St.
CITY-ST-ZIP KEY WEST FL 33040

TITLE VS
NAME CHEEK, JANET G
STREET ADDRESS ~~201 FRONT ST., SUITE 310~~ 1110 Georgia St.
CITY-ST-ZIP KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE: *Janet G Cheek* 5/24/97 105 222 0025

CR2E034 (9/96)