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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P95000030759	(1)
1. Corporation Name			

	COMMERCIAL GROUP, II				
Principal Place of Business Mailing Address 1900 TRAVIS ROAD LAKE CLARK SHORES FL 33406 LAKE CLARK SHORES FL 33406		S FL 33406			
				3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-057858	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Cur	rent Registered Agent	30	10. Name and Address of New I	
	y. Name and Address of Cur	rem neglatored Agem	81 Name		
1803 AI SUITE I			62 Street Add	ress (P.O. Box Number is Not Accepta	
WEST F	PALM BEACH FL 33409		84 City		FL 85 Zip Code
SIGNATURE 12. TITLE NAME	PSTD CASEY, GREGORY	AND DIRECTORS DELETE	ந்பிட் Begistered Agent Sgrasse Gere 13. 1 1 THUE 12 NAME	ST SALY, TERENCE	FICERS AND DIRECTORS IN 12 Change M Addition
STREET ADDRESS	1900 TRAVIS ROAD		1.3 STREET ADDRESS	7/34 CLARKE F	N. 4 FL 33406
CITY-ST ZIP	LAKE CLARKE SHORES F	-1. 33406	1 4 Cil y - ST - ZIP 2 1 TiTLE	WEST PALM BE	Change Addition
TITLE NAME	VD MOORE, GUILLERMINA	[] Derete	2 2 NAME	ASEY, GREGOR	2 Y
STREET ADDRESS	2601 DUQUESNE LANE		2.3 STREET ADDRESS	AUG CLARKE	SHORES, FL. 33406
CHY-ST-ZIP TITLE	LAKE WORTH FL 33460	☐ DELETE	3 1 TITLE .	ME UNAME.	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP		OSETI	3 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		DEFELF	4 1 TITLE 4 2 NAME		_ , _
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS	5		4.4 CITY-ST ZIP		
TITLE		DELETE	5 1 TILLE		☐ Change ☐ Addition
NAME		_	5.2 NAME	രമ്മന്ന് 1 🕮	48982
STREET ADDRESS	<u>, </u>		5.3 STREET ADDRESS	20 00018 -06/04/960:	1009045
CHTY-ST-ZIP			5.4 CITY - ST - ZIP	*** 200.00	
TITLE		☐ D€LETE	6 1 TITLE	44444 <u>600</u> 100	
NAME			6.2 NAME		5-1-86
STREET ADDRES	s		6.3 STREET ADDRESS		ASS
CITY CT. 7IP			6 4 CITY - ST - ZIP		10 07/0/13 Florida Statutos I further

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under certify 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:

SIGNAZINE AND PREO ON PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

3/8/96 (407) 965-4893