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



COF	RPORATION JAL REPORT 1996		DA DEPARTMENT OF Sandra B. Mortham Secretary of State SION OF CORPORATE					
DOCU 1. Corporation	MENT # P95	5000052870	(9)					
	OMMONS GROUP BO	DYNTON BEACH, INC)					
Principal Place	of Business							
3RD FLOOR	Bright Road South Each Fl. 33426-6325	2240 WOOLB 3RD FLOOR-S						
		BOTNION BE	3. Date Incorporated or Qualified 07/10/1995					
2. Principal Pl	ace of Business	2a. Mailing Add	ress	4. FEI Nomber				
Suite, Apt	#, etc.	Suite, Apt. (a, etc.	Certificate of Status Desired Election Campaign Financing Trust Fund Contribution				
City & State	9	City & State						
Zip 24	Country 25	Ziji 29	Country 30		8. This corporation has liability for i Florida Statutes ☐ Yes			
	9, Name and Address of	Current Registered Agent	81	Name	10. Name and Address of New Ro			
MITCHE	LL, JOHN E							
	DYAL PALM ROAD		82	Street Add	ddress (P.O. Box Number is Not Acceptabl			
BOCA F	VATON FL 33486		83					
			84	City				
or register	to the provisions of Sections & red agent, or both, in the State th, and accept the obligations	rof Floridia, Such cha⊬oe was	: authorized by the card	l named corpo oration's bo	oration submits this statement for the purp and of directors. Thereby accept the appo			
SIGNATURE .								
12.	Signature, typod or printed name of rega-	FRS AND DIRECTORS	#ICTE_Registered Age	"Lisi jinaharu terpik	ADDITIONS/CHANGES TO OFFI			
TITLE	PVST	DEI		1				
NAME	MITCHELL, JOHN E	_	1.2 NAME					
STREET ADDRESS		OAD, 3RD FLOOR-SOUT	H 13 STREET	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 Cily - 5	S1 7tP				
TITLE	D	☐ DE	EIE 2 1 Title	ſ				

23		[28]				Trust Fund Contrib	ution	A.	ided to Fees	
Zip	Country	Ziji	Coun	try		8. This corporation ha	s liability for	intangible tax unda	ers 199.032,	
24	25	29	30			Florida Statutes		□ No		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Addre	ss of New F	Registered Agent		
			1	31	Name					
MITCHELL, JOHN E 1072 ROYAL PALM ROAD BOCA RATON FL 33486				32	2 Street Address (P.O. Box Number is Not Acceptable)					
				33	 -		····			
DOUA N	ATUN PL 33480			.3						
				34	City			FL 85	Zip Code	
or register	o the provisions of Sections 607.00 ed agent, or both, in the State of Fi th, and accept the obligations of, S	lonau. Such charge was auf	thorized by the co	e na rpor	rned corpora ration's board	ition submits this stateme d of directors. Thereby acc	nt for the pur cept the app	roses of changing	its registered of red agent. I an	ffice u
SIGNATURE _	Signature, typed or proted name of respective tra-	per Canol (156 of a. c.) ages	if KTE - Feigistariat A	aert s	Sulfration framework	where special results		DATE:		
12.		AND DIRECTORS	13.			ADDITIONS/CHANG	GES TO OFF		CTORS IN 12	
TITLE	PVST	DELEIŁ	1 1 7:11	LE				☐ Char		on
NAME	MITCHELL, JOHN E		1.2 NAV	15						
STREET ADDRESS	2240 WOOLBRIGHT ROAD		13 SIR	Et I A	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL 334	26-6325	14 Cilh	-51	ZiP					
TITLE	D	☐ DELETE	2 1 7:11	F				Char	ge 🔲 Additio)1
NAME	MITCHELL, JOHN E		2.2 NAA	٩Ę						
STREET ADDRESS	2240 WOOLBRIGHT ROAD		23514	EETA	ADDRESS					
CITY - ST - ZIP	BOYNTON BEACH FL 334		2.4.0115	-51-	- ZIF					
TITLE		☐ DELFTE	3 1 111	8				Char	ge 🔲 Additio)n
NAME			3.2 NAM	'E						
STREET ADDRESS			3 3 516	EET A	ADDRESS					
CITY - ST - ZIP		F 07.516	3 4 CITY		- 20:					
TITLE		Defele						Chan	ge 🔲 Additio	ìΠ
NAME			4.2 NAM	!E						
STREET ADDRESS			43 \$18	EET A	LODRESS					
CITY - S1 - ZIP		C Price	4.4 CITY		206					
TITLE		DELETE	1					Chan	ge [] Additio	ıΩ
NAME			5.2 NAM							
STREET ADDRESS			1		DORESS					
CITY - ST - ZIP		DELETE	5.4 CH 1		-ZiP					
		CT DETER	6 1 Till					☐ Chan	ge 🔲 Additio	A)
NAME			6.2 NAM	11.	1					

14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not quairly for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this armost report or supplemental armost 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 required on trusted 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 attactive encyclin an address.

6.4 CITY - \$1 - ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED

JOHN E. WITCHEL PRES 7/30/96561-391-5478

CR2E034 (12/95)

3a. Date of Last Report

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be