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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

ANL-BACOUET CLUB DOAD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600007159 (2)

F.N.R. COMMERCE DEVELOPMENT INC.

Mailing Address

ANT THE PARTIES OF AN

FILED May 09 1997 8:00am Secretary of State



-PLDG-480-UNIT-#811 FORT_LAUDERDALE_FL_33326		BLDG: 130. UNIT #311 FORT-LAUDERDALE FL 333;	26-183R				
,	-				3. Date Incorporated or Qualified 01/22/1996	3a. Date of Last F	Report
2. Principal Place of Busines		28. Mailing Address	ι Δ	<i>(</i>	4. FEI Number		pplied For
21 8207 NW	8th Place	26 8207 NU	18th Pl	ace	65-063981	-	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State Lation	, FL	City & State / Plan / a to	n. FL		6. Election Campaign Financing Trust Fund Contribution		May Be
Zip 24 33324 28	Country	777771	Country		This corporation has liability for Florida Statutes	intangible tax under s Yes No	s. 199.032,
9. Name a	nd Address of Current				10. Name and Address of New Re	gistered Agent	
ROSENBERG, FE 491-RACQUET-0	LUB-RO AD		81 Na 82 Str		iss (P.O. Bex Number is Not Accepted	oK)	
BLDG , 180, UN IT F ort Lauder d/			83	20	NW 8Th P	lace	
dd Dawn da d			84 9	lan	ta tion	FL 33	Codo 324
Office or registered ager	or both in the State of	and 607,1508, Florida Statutes Florida. Such change was au ons of, Section 607,0505, Flori	thorized by the	ned corpo corporatio	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of changing in of the appointment as	its registered registered
SIGNATURE	printed name of registered agent	And Tomorrow Mark				<u>-</u>	
12.	OFFICERS AND		Hugistered Agent sign	anno required	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	RS IN 12
TIPLE Dinery		DELETE	11 DILE	T	ADDITIONAJONANALO TO OTTIC	Change	Addition
NAME Foler	a Rosembe		1.2 NAME				
STREET ADDRESS 8207	NW Sth	Place	1.9 STREET ADDRE	22:			
CITY-ST-ZIP Planta	tion El	33324	1.4 CITY-SI-ZIP	3.0			
TITLE	11011, 10	3332 4/	2.1 11TLE			Change	Addition
NAME			2.2 NAME				, and i to ortion
STREET ADDRESS			2.3 STREET ADDRE	22			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	33			
TITLE		DELETE	3.1 111LF			Change	Addition
NAME		<u></u>	3.2 NAME			[Onlings	Addition
STREET ADDRESS			3.3 STREET ADDRE	22			
CITY-ST-ZIP			3.4. CITY - ST - 7/P				
TITLE		DELFFE	4.1 10TLE			Change	Addition
NAME		-	4.2 NAME				1
STREET ADDRESS			4.3 STREET ADDRE	22:	·		
CITY-ST-ZIP			4.4 CITY-\$1-ZIP	33			
TITLE		DELFTE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			and orange	/ Number
STREET ADDRESS			5.3 STREET ADDRE	22.			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	35			
TITLE		DELLTE	6.1 THTLE			Change	Addition
NAME			6.2 NAME			L Change	A00000H
STREET ADDRESS			6.3 STREET ADDRE	ce			
CITY-ST-ZIP				×			
14. I do hereby certify that the	he information supplied v	with this filing does not qualify	6.4 City-St-ZiP for the exemptic	L on stated i	in Section 119.07(3)(i), Florida Statute	s. I further certify the	t the
Information indicated on I am an officer or director	this annual report or sup or of the corporation or th	oblemental annual report is tru	e and accurate red to execute th	and that n	my signature shall have the same lega as required by Chapter 607, Florida S	al affect as if marks un	odor oath: that