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Mailing Address

Profit Corporation Annual Report

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014679 (0)

COMMERCIAL RETAIL DEVELOPMENT, INC.

10481 SE BANYAN WAY 10481 SE BANYAN WAY **TEQUESTA FL 33469-1419 TEQUESTA FL 33469** 3s. Date of Last Report 3. Date Incorporated or Qualified 02/13/1996 **Applied** For 2. Principal Place of Business 2a. Mailing Address **FEL Number** Not Applicable 26 \$8.75 Additional Suite. Aut. #. etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution П Added to Fees 28 23 Ζıp Country This corporation has liability for intangible tax under s. 199.032, Ζıρ Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEVENS, W J 10481 SE BANYAN WAY Street Address (P.O. Box Number is Not Acceptable) **TEQUESTA FL 33469** 83 Zip Code City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INOTE: Registered Agent algorature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change Addition DELETE 1.1 TITLE DOLE STEVENS, W J 1.2 NAME NAME 10481 SE BANYAN WAY 1.3 STREET ADDRESS STREET ADDRESS **TEQUESTA FL 33469** 1.4 CITY-ST-ZIP CHTY-ST-ZiF ___ Addition DELETE ☐ Change 2.1 TITLE THUE DYER, SUSAN 22 NAME 10481 SE BANYAN WAY 2.3 STREET ADDRESS STREET ADDRESS **TEQUESTA FL 33469** 2 4 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE 100 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE THILE NAMS 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7IP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STRELT ADORESS

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 enort 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 co(portation 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 sharged, or by an attachment with an address.

SIGNATURE:

City-St. ZiP

9/7/97 Date 5-75-3035 Oaytir le Phone 96/6)

CR2E034

FILED

Apr 25 1997 8:00am

Secretary of State