

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

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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041937 (9)

1. Corporation Name

COMMERCIAL PROPERTY MANAGEMENT OF MARTIN COUNTY,  
INC.

Principal Place of Business

2100 S.E. OCEAN BOULEVARD  
SUITE 102  
STUART FL 34996

Mailing Address

2100 S.E. OCEAN BOULEVARD  
SUITE 102  
STUART FL 34996-3332

3. Date Incorporated or Qualified

05/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 3766 SE Ocean Blvd.

2a. Mailing Address

26 3766 SE Ocean Blvd.

4. FEI Number

65-0666469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

City & State

23 Stuart, Fla.

City & State

28 Stuart, Fl.

Zip

24 34996

Country

25 Martin

Zip

29 34996

Country

30 Martin

9. Name and Address of Current Registered Agent

ANDREWS, CHARLES S JR.  
2100 S.E. OCEAN BOULEVARD  
SUITE 102  
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name

Charles S. Andrews

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

3766 SE Ocean Blvd.

83

84 City

Stuart

FL

85 Zip Code  
34996

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	President	<input type="checkbox"/> DELETE
NAME	Charles S. Andrews	
STREET ADDRESS	3766 SE Ocean Blvd.	
CITY-ST-ZIP	Stuart, Fl. 34996	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Charles S. Andrews*

4/22/97

CR2E034 (9/96)