

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90021 040 ***150.00

DOCUMENT # P97000071900

1. Corporation Name
COMMERCIAL PROPERTY NETWORK, INC.

Principal Place of Business
8833 HERITAGE BAY CIRCLE
ORLANDO FL 32819

Mailing Address
P. O. BOX 5424
WINTER PARK FL 32793

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

59-3475059

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 owes the current year intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

Suite 5301 Conroy Road
Suite 180
City Orlando, FL 32811

Suite 5301 Conroy Road
Suite 180
City Orlando, FL 32811

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

WHITTALL, CHUCK
8833 HERITAGE BAY CIRCLE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street 5301 Conroy Road (acceptable)
83 Suite 180
84 City Orlando, FL 32811
FL 85 Zip Code

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 (current registered agent and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME WHITTALL, CHUCK
STREET ADDRESS 8833 HERITAGE BAY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5301 Conroy Road, Suite 180
1.4 CITY-ST-ZIP Orlando, FL 32811

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/31/99 407 999 9985

Date

Daytime Phone #

CR2E034 (11/98)

0069070