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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000084792**1. Corporation Name

COMMERCIAL BUSINESS PARK, INC.

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90033 043 ***150.00



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Principal Place	of Business	Mailing /	Address		_		- * * * * * * * * * * * * * * * * * * *	1 60 151 40 111		858 1811A 1581 5881	
2005 W. CYPRESS CREEK RD., STE. 202 2005 W. CYPRESS CREEK R					202						
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualit	ed			\neg
							10/01/1997				
2. Principal Pla	ace of Business	2a, Maili	ng Address				4. FEI Number			Applied For	\neg
			26				65-0793197			Not Applicable	e
Suite, Apt. #	#. etc.		Suite, Apt. #, etc.						\$8.75	Additional	\neg
22	,	27					5. Certifcate of Status Desired		Fee	Required	
City & State	9		& State				6, Election Campaign Financi	ng _	\$5.0	0 May Be	\Box
23		28					Trust Fund Contribution	" D		d to Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation owes the	current ye	ar Intangible		\neg
24 25 2			30				Personal Property Tax. Y Yes No				
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of Ne	w Registe	ered Agent		
					81	Name					
BAYNE, SHAWN					82	Stroot Addro	(D.O. Doy Alumbos in Alex Accordable)				\dashv
STE.	1900, 200 E. BROWARD BLVD).			02	Stiest Modie	Street Address (P.O. Box Number is Not Acceptable)			.	
FT. L	AUDERDALE FL 33301			- 1	83	-	[4:17] () + 1:	11 (1)			\neg
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				ļ	84	City			FL 85 Z	p Code	
11 Pursuant t	to the provisions of Sections 607.05	02 and 607.150	08. Florida Statute	s. the at	ove-	named corpo	ration submits this statement for	the purpor	se of changing	its registered	\dashv
office or re	egistered agent, or both, in the State	e of Florida. Su	ch change was au	ithorized	by tr	he corporation	n's board of directors. I hereby ac	cept the a	appointment as	registered	ĺ
agent. I ar	m familiar with, and accept the oblig	jations of, Secti	on 607.0505, Flor	ida Statu	nes.						
SIGNATURE											
SIGNATIONE	Standure, broad or printed name of registered an	ent and title if applica	ible (NOTE:	Registered	Agent s	signature required	when reinstating)	DA	TE .	· -	
	Signature, typed or printed name of registered ag OFFICERS A			Registered .	Agent :	signature required	when reinstating) ADDITIONS/CHANGES TO			TORS IN 12	$\frac{1}{2}$
12.	OFFICERS A	ent and title if applica		<u> </u>		signature required	ADDITIONS/CHANGES TO				nc
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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: