

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90009 017 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000062720

1. Corporation Name

FLA COMMERCIAL PROPERTIES, INC.



Principal Place of Business

~~9040 BELVEDERE RD~~
~~WEST PALM BEACH FL 33411~~

Mailing Address

~~9040 BELVEDERE RD~~
~~WEST PALM BEACH FL 33411~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

2. Principal Place of Business

21 **1312 COMMERCE LANE**

2a. Mailing Address

26 **1312 COMMERCE LANE**

4. FEI Number

65-0862464

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Ste 2B**

Suite, Apt. #, etc.

27 **Ste. 2B**

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 **JUPITER FL**

City & State

28 **JUPITER FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 **33458**

Country

25 **USA**

Zip

29 **33458**

Country

30 **USA**

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**WHITMIRE, DRENNEN L
500 SOUTH AUSTRALIAN AVE, SUITE 800
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

Szme

82

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

83

84 City

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D POMA, FRANK**
STREET ADDRESS **9040 BELVEDERE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ DELETE

NAME **D PURINO, ALBERT T**
STREET ADDRESS **9040 BELVEDERE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☒ DELETE

NAME **D RICHARDS, LEE**
STREET ADDRESS **9040 BELVEDERE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

ALBERT T. PURINO

9/16/99

561-743-4678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0077386