## 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

## DOCUMENT # P98000108120

1. Corporation Name

COMMERCIAL FOLLITY GROUP INC

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90058 029 \*\*\*150.00

COMMENCIAL EGOIT GROOT, INC.								
Principal Place of Business	Mailing Address				r immriddt irm smint imtit adits patts.	::\$II 891	a. 18121  1812   151	e., 551, 1221
3225 S. MACDILL AVE.	3225 S. MACDILL AVE.			i				
SUITE 209	SUITE 209 TAMBA EL 22629				DO NOT WRIT	F IN THIS	SPACE	
MPA FL 33629 TAMPA FL 33629					Do NOT WATE      D	_ 111 /1110		
					12/30/1998			ł
2. Principal Place of Business	2a. Mailing Address				4 6-7131 3 -		An	plied For
21 5419 5. Bayshne Blud					59-352 980	I	<u> </u>	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75 A	
<del></del>	27				5. Certifcate of Status Desired		Fee Re	I .
City & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23 IMMPA, PlondA	28				Trust Fund Contribution		Added to	, ,
Zip Country	Zip	Cour	ntry		8. This corporation owes the curre	nt year Inte	ingible	
24 336/1 25 VSA	29	30			Personal Property Tax.		Yes	□No .
9. Name and Address of Current	Registered Agent				10. Name and Address of New R	gistered A	\gent	
			81 1	Name				
PIPPIN, DAVID		}	82 5	Street Addres	ss (P.O. Box Number is Not Acceptal			
3225 S. MACDILL AVE.		ļ				<i>,</i>		
SUITE 209		Ī	83					
TAMPA FL 33629		}	84 (	City			85 Zip C	
		ļ		-		FL		. ]
Pursuant to the provisions of Sections 507,0507 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state of th	PRESI	dens		e corporation		the appoin	tment as rec	gistered
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE PSTD	☐ DELETE	1.1 TITI	LE .				☐ Change	Addition
NAME PIPPIN, DAVID		1.2 NA	ME					
STREET ADDRESS 3225 S. MACDILL AVE.		1.3 STF	REETAD	DDRESS				
CITY-ST-ZIP TAMPA FL 33629		1.4 CIT	Y-ST-Z	ne				
TITLE VPD							Change	☐ Addition
NAME SIMMMONS, PATRICK B		2.2 NA	ME					
STREET ADDRESS 3225 S. MACDILL AVE.		2.3 ST	REETAD	ODRESS				ĺ
CITY-ST-ZIP TAMPA FL 33629		2. 4 CI	TY-ST-2	ZIP				
TILE	DELETE	3.1 YIT	LE				. 🔲 Change	_ Addition
NAME		3.2 NA	ME	ŀ				
STREET ADDRESS		3.3 STI	REET AL	DORESS				j
CITY-ST-ZIP		3.4, CF	TY-ST-Z	ZIP				
TITLE	☐ DELETE	4.1 T/T	LE	_			Change	☐ Addition
NAME .		4. 2 NA	ME		•			
STREET ADDRESS		4.3 ST	REET AD	ODRESS				
CITY-ST-ZIP		4.4 CIT	Y-ST-Z	IP .				
TITLE	☐ DELETE	5.1 TIT	ì.E				Change	Addition (
NAME		5.2 NA	ME					
STREET ADDRESS		5.3 ST	REET AL	ODRESS				
CITY-ST-ZIP			ſY-ST∙Z	ZIP				
ппь	☐ DELETE	6.1 TIT	Œ	· [			Change	☐ Addition
NAME		6.2 NA	ME	ļ				
STREET ADDRESS	•	6.3 STI	REETAC	DORESS				
CODY OF 71D	_	6.4 CF	Y ST-Z	312 I				-

14. 1 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 employeed 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 agrees, with all other like empowered.

SIGNATURE:

NONDAME OF SIGNING OFFICER OR DIRECTOR SIGNATA