May 05, 1999 8:00 am Secretary of State

05-05-1999 90039 003 ***158.75

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$35526

1, Corporation Name

Principal Place of Business

COMMERCIAL GREENWAY CORPORATION

8988 OLD PINE			A DATON EL 22423					
BOCA RATON FL 33433 US			BOCA RATON FL 33433 US			DO NOT WRITE	IN THIS SPACE	
03		, 00				3. Date Incorporated or Qualifed		\neg
						03/01/1991		
2 Principal Pl	lace of Business	2a.	Mailing Address			4. FEI Number	Applied For	ヿ
21		26	•			65-0257997	Not Applicable	le
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22			27			5. Certifcate of Status Desired	Fee Required	
City & State			City & State			6. Election Campaign Financing	55.00 May Be	
23			28			Trust Fund Contribution	Added to Fees	
Zip	Count	try	Zip	Country		8. This corporation owes the curren	t year Intangjole	
24 25 29			30			Personal Property Tax.	<u>Ø</u> Yes □No	
	9. Name and Addr	ess of Current Registe	ered Agent			10. Name and Address of New Re	gistered Agent	_
		4		81	Name			
STERN, JUANA ESTER			82 Street A		ddress (P.O. Box Number is Not Acceptab	le)		
8988 OLD PINE WAY				L			·	
BOC	a raton FL 33433			83				ĺ
				84	City		85 Zip Code	\dashv
	·				L		FL T	_
office of the	anietaredlaneAt ar hat	h in the State of Florida	. Such change was aut	nonzed by	the corbo	corporation submits this statement for the pration's board of directors. I hereby accept	irpose of changing its registered the appointment as registered	
agent. I a	m familiar with and ac	cept the obligations of,	Section 607.0505, Florid	la Statutes	i.	1	1	
SIGNATURE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PRESIDENT-	JUANA ESTER ST applicable. (NOTE: R	TERM	/ 	412.7	199	ļ
					nt signature re	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	-
12.	PY	OFFICERS AND DIREC	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OTT	☐ Change ☐ Addit	ion
TITLE	STERN, JUANA ES	eten	O DEEE 15	1.2 NAME	1			- {
NAME	8988 OLD PINE W				T ADDRESS			- }
STREET ADDRESS	BOCA RATON FL							
CITY-ST-Z/P	BOCK NATON FL	33433	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-21		☐ Change ☐ Addit	ion
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STREET ADDRESS							,	}
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	□ DELETE	2.4 CITY-S 3.1 TITLE	51-ZIP		☐ Change ☐ Addit	ion
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STREET ADDRESS				ł				Ì
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NAME					* *DDDC00			ļ
STREET ADDRESS				6.3 STREE	TADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP