

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59399 (3)

1. Corporation Name

COMMERCIAL REAL ESTATE GROUP, INC.



Principal Place of Business

Mailing Address

819 WINDWILLOW CIRCLE
WINTER SPRINGS FL 32708
US

PO BOX 3782
WINTER SPRINGS FL 32708
US

2. Principal Place of Business

21 174 WEST COMSTOCK AVE

2a. Mailing Address

26 PO Box 2356

Suite, Apt. #, etc.

22 104

Suite, Apt. #, etc.

27 Winter Park FL

City & State

23 Winter Park, FL

City & State

28 Winter Park FL

Zip

24 32789

Country

25 USA

Zip

29 32790

Country

30 USA

3. Date Incorporated or Qualified

06/10/1991

3a. Date of Last Report

02/07/1995

4. FEI Number

59-3073615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

NIMKOFF, LOUIS H.
5780 WINDHOVER DR
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name LOUIS H. NIMKOFF

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

174 WEST COMSTOCK AVE

83 SUITE 104

84 City WINTER PARK FL

85 Zip Code

32790

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent if applicable

LOUIS H. NIMKOFF

4/10/96

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NIMKOFF, LOUIS H.
STREET ADDRESS 5780 WINDHOVER DR
CITY-ST-ZIP ORLANDO FL

TITLE VPD ☐ DELETE

NAME NIMKOFF, LEE ANNE
STREET ADDRESS 5780 WINDHOVER DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS H. NIMKOFF

4/10/96 628-8814

CR2E034 (12/95)