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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01049

(8)

COMMERCIAL REALTY MANAGEMENT OF S.W. FLORIDA, IN

Principal Place of Business Mailing Address 2150 GOODLETTE RD. 2150 GOODLETTE RD. STE 700 **STE 700** NAPLES FL 34102-4812 NAPLES FL 33940 3. Date Incorporated or Qualified 3a, Date of Last Report 05/01/1996 12/18/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FLUEGEMAN, BRUCE R 2150 GOODLETTE RD Street Address (P.O. Box Number is Not Acceptable) 82 **STE 700** 83 NAPLES FL 33940 84 City 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, typed or printed name of registered agent and fitte if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE Addition TELE FLUEGEMAN, BRUCE R. 1.2 NAME NAME 2150 GOODLETTE RD #700 STREET ADORESS. 1.3 STREET ADDRESS NAPLES FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE HILE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHIY-SI-ZP THUE DELETE 3 1 TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS C:14 - S1 - ZIP 3.4. CHTY-ST-ZIP DELETE ___ Addition 4.1 TITLE THEF NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST ZIF DELETE 5.1 TITLE Change Addition HILE 52 NAME MAMS STREET ADDRESS **53 STREET ADDRESS** 0/1Y-ST 7/2 5 4 CITY - \$1 - 2IP DELETE 6000021457 Pe 6.1 TITLE 190 F NAME 6.2 NAME -04/17/97--01005--040 **6.3 STREET ADDRESS** SIRSEL ADDEESS ***165.00 6.4 CITY - \$1 - ZIP CHLY - S1 - 7IP

14. I do 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 copies of present states and that my name applicable 12 or Black 12 or Black 13 or Black 14 or Black 14 or Black 15 or appears in Block 12 or Block 13 SIGNATURE:

FILED

Apr 16 1997 8:00am

Secretary of State