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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

THE COMMERCIAL AND INDUSTRIAL REAL ESTATE NETWOR K, INC.

569 EDGEWOOD AVE S

Principal Place of Business

Mailing Address 569 EDGEWOOD AVE \$



JACKSONVILLE FL 32205		JACKSONVILLE FL	JACKSONVILLE FL 32205					
					3. Date Incorporated or Qualified 01/29/1992		of Last Report 03/06/1995	
2. Pancipal Pl	lace of Business	2a. Mailing Address	<b>⊁</b> 1		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite Ast # etc	Suite, Apt. #, etc.		59-0900850		Not Applicable	
22		27]	<u>├</u> ─¬		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Stati	State City &		ity & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ <b>24</b>	Country 25	Zip (29)	Country 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Cu		<u>13-1</u>		10. Name and Address of New R		Agent	
			81	Name		-=		
	, CLIFTON R.		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	EDGEWOOD AVE S SONVILLE FL 32205		83	<u> </u>				
0/10/1	V V I V I V I V I V I V I V I V I V I V		84	City			85 Zip Code	
				· ·		FL	1 1	
Cir register	to the provisions of Sections 607.0 red agent, or both, in the State of F th, and accept the obligations of, S	TORGA, QUELL CHAILGE WAS AUTHORI	zea uv me com	named corpor poration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of cha pintment as	nging its registered office registered agent. I am	
SIGNATURE .	Signature, typica or principal retine of registered a	egent and the discountable (N	DÎE: Begedered Age	of signature respires	i vition no istat ng	DATE		
12.	<del></del>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	CERS AND	DIRECTORS IN 12	
TITLE	D	☐ DELETE	1. 1 T. ILE				Change  Addition	
NAME	BYRD, CLIFTON R.		1,2 NAME					
STREET ADDRESS	569 EDGEWOOD AVE S	i	1.3 STREE	LADDRESS				
CHIY-ST-ZIP TITLE	JACKSONVILLE FL	ED DOLON	14 CHY-5	\$1 - 211-				
NAME		☐ DELETE	2 1 11116			£	] Change   Addition	
STREET ADDRESS			2.2 NAME	t About 60				
CITY ST Z:P			23 STREET 24 City - 5	l l				
Tille		☐ DELETE	3 1 Hills	21 21			Change Addition	
NAME:			3.2 NAME			_	, com ge	
STREET ADDRESS			33 STHEE	LADDRESS ]				
CITY ST ZIP			3.4 C(1) - S	51 - 2iP				
1111E		☐ DELETE	4. 1 Till E				Change Addition	
NAME			4.2 NAME					
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY - ST - ZIP		F'1 foregr	4.4 C(1) y - 5	31_ZIP				
TICLE NAME		[] DEFETE	5 1 THILE			L	Change  Add tion	
STREET ADDRESS			5.2 NAME	ADDOLOG				
C-TY - ST - Z-P			53 STREET					
TITLE		DELETE	54 CHY-9	01-709		r	Change Addition	
NAMs			6.2 NAME			Ĺ	Foreinge   Mudition	
STREET ADDRESS			63 STREET	ADDRESS			1	
City-S1-ZiP			6.4 C-TY -S					
	y certify that the information supple	ed with this filing is voluntarily furr	nished and doe	s not qualify fo	r the exemption stated in Section 119.0	7(3)(s) Elor	rda Statutos I furtoer	

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.

**SIGNATURE:** 

904-388-2565