

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 448095 (0)
 1. Corporation Name: **COMMODITY SYSTEMS, INC.**



Principal Place of Business: **200 W PALMETTO PK RD STE 200 BOCA RATON FL 33432**
 Mailing Address: **200 W PALMETTO PK RD STE 200 BOCA RATON FL 33432-3788**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **04/15/1974** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-1524976** Applied For Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PELLETIER, ROBERT C
200 W PALMETTO PK RD STE 200
BOCA RATON FL 33432

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 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

Signature of person providing information on this report (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERAN, MICHAEL T	
STREET ADDRESS	1221 SW 19 AVE	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELLETIER, ROBERT C	
STREET ADDRESS	1240 SW 20 AVE.	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, FRAN	
STREET ADDRESS	521 N. RIVERSIDE DR	
CITY- ST- ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 attached sheet with an address.

SIGNATURE: *Robert C. Pelletier*

March 12, 1997 (561) 392-8663

CR2E034 (9/96)