

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

FILED  
May 24 1996 8:00 am  
Secretary of State

DOCUMENT # 622099 (0)  
1. Corporation Name  
COMMONWEAL, INC.



Principal Place of Business  
18 NE 4TH AVE  
P O BOX 3144  
CRYSTAL RIVER FL 34423  
US

Mailing Address  
18 NE 4TH AVE  
P.O.BOX 3144  
CRYSTAL RIVER FL 34423-3144  
US

|                                                                 |                     |                     |                     |                                                                                                                                                  |                                                    |                                       |          |
|-----------------------------------------------------------------|---------------------|---------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|----------|
| 2. Principal Place of Business                                  |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>05/17/1979                                                                                                  |                                                    | 3a. Date of Last Report<br>07/18/1995 |          |
| 21                                                              | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-1911454                                                                                                                      |                                                    | Applied For<br>Not Applicable         |          |
| 22                                                              | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        |                                                    | \$8.75 Additional Fee Required        |          |
| 23                                                              | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  |                                                    | \$5.00 May Be Added to Fees           |          |
| 24                                                              | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                    |                                       |          |
| 9. Name and Address of Current Registered Agent                 |                     |                     |                     | 10. Name and Address of New Registered Agent                                                                                                     |                                                    |                                       |          |
| PETRILLI, ROBERT<br>2190 N BRENTWOOD CIRCLE<br>LECANTO FL 34461 |                     |                     |                     | 81                                                                                                                                               | Name                                               |                                       |          |
|                                                                 |                     |                     |                     | 82                                                                                                                                               | Street Address (P.O. Box Number is Not Acceptable) |                                       |          |
|                                                                 |                     |                     |                     | 83                                                                                                                                               |                                                    |                                       |          |
|                                                                 |                     |                     |                     | 84                                                                                                                                               | City                                               | 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 (typed or printed name of registered agent and the approver)

Initials (Registered Agent signature required when terminating)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------|-------------------------------------------------------|--|
| TITLE                      | PT                          | 1.1 TITLE                                             |  |
| NAME                       | STOECKLIN, K. WAYNE         | 1.2 NAME                                              |  |
| STREET ADDRESS             | 7615 W 54TH AVENUE SUITE 10 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ARVADA CO                   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD                          | 2.1 TITLE                                             |  |
| NAME                       | PETRILLI, ROBERT            | 2.2 NAME                                              |  |
| STREET ADDRESS             | 2190 N. BRENTWOOD CRCL.     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LECANTO FL                  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                           | 3.1 TITLE                                             |  |
| NAME                       | STOECKLIN, K.A.             | 3.2 NAME                                              |  |
| STREET ADDRESS             | P.O. BOX 307, NA            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CRYSTAL RIVER FL            | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                           | 4.1 TITLE                                             |  |
| NAME                       | SMITH, EVELYN               | 4.2 NAME                                              |  |
| STREET ADDRESS             | 10722 N ROUSSEAU DR         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DUNNELLON FL                | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                             | 5.1 TITLE                                             |  |
| NAME                       |                             | 5.2 NAME                                              |  |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                             | 6.1 TITLE                                             |  |
| NAME                       |                             | 6.2 NAME                                              |  |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                             | 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 an address.

SIGNATURE: *K.A. Stoecklin* K.A. STOECKLIN, Director 5/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)