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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F46042 1. Corporation Name

COMMERCIAL GEAR COMPANY, INC.

Principal Place of Business Maili		Mailing Address	ailing Address			Tieti Aidis Aidis bion asun con
		780 S.W. 9TH TERRACE				
POMPANO BEACH FL 33069-4522 POMPANO BEACH FL 33069-452			22		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed	
					09/24/1981	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	· .	26			59-2125299	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	سدار يحسا بوسخ الراز الواراتسوان	- 27		-		 -
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zin	Country	Zip	Country		Trust Fund Contribution	
Zip	25	29 30			 This corporation owes the current year In Personal Property Tax. 	Yes No
24	9. Name and Address of Curren				10. Name and Address of New Registered	Agent
	<u> </u>		81	Name		
HUBER, THEODOR K			82	Stroot Ad	Idress (P.O. Box Number is Not Acceptable)	
3050 NE 9TH TERRACE			02	Sileet Au	idless (F.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33064			83			
	•		84	City		85 Zip Code
				<u> </u>	FI	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	rized by	tne corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	Signature, typed or printed name of registered ager		istered Age	nt signature requ	ired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	ST	☐ DELETE	1.1 TITLE			
NAME	HUBER, MARIAN E	j	1.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL			T-ZIP		Change Addition
TITLE	P THEODOD					
NAME	HUBER, THEODOR 780 SW 9TH TERR		2.2 NAME 2.3 STREE	r ADDOCEC		
STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·		2:4 CITY-5		لمساحين والمناسلان المتالي	٠ - ١ - ١ - ١ - ١ - ١ - ١ - ١ - ١ - ١ -
CITY-ST-ZIP TITLE	-FOMEANO BEACHTE	OMPANO BEACHTE 240		31-211		Change Addition
NAME	,	-,	3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-5			
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME	4.2 N		4. 2 NAME			
STREET ADDRESS		·	4.3 STREE	ADORESS		
CITY-ST-ZIP		J	4.4 CITY-S	ľ		
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME	1		5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		Ì
CITY-ST-ZIP	1		5.4 CITY-S	T-ZIP		
TITLE		□ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			

14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90241 002 ***150.00