FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H05925** **(3)**

1. Corporation Name

COMMERCIAL ELECTRONICS MARKETING CO., INC.

Principal Place of Business	Mailing Address
11528 WILES ROAD **CORAL SPRINGS FL 33076**	**11528 WILES ROAD** **CORAL SPRINGS FL 33076**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/25/1984**
3a. Date of Last Report: **04/28/1994**

4. FEI Number: **59-2415427** ☐ 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

7. This corporation has solely for charitable tax under S. 199.052, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10435 N.W. 1ST PLACE	26 10435 N.W. 1ST PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CORAL SPRINGS, FL.	City & State 28 CORAL SPRINGS, FL.
Zip 24 33071 County 25	Zip 29 33071 County 30

9. Name and Address of Current Registered Agent

SCHAFER, GARY L
10435 NORTHWEST 1 PLACE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

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: Gary L. Schafer PRES 4-28-95
(Typed or printed name of person signing) (Title) (Registered Agent signature required and mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	SCHAFER, GARY L.	12 NAME		
STREET ADDRESS	10435 NW 1 PL	13 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP		
TITLE	VST	21 TITLE		☐ Change ☐ Addition
NAME	SCHAFER, JANET	22 NAME		
STREET ADDRESS	10435 N.W. 1ST PL	23 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: Gary L. Schafer PRES 4-28-95 305-753-6777
SIGNATURE AND TYPE OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0119159 CP