

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

FILED

Feb 28 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 # **K36014** (4)
1. Corporation Name
COMMERCIAL MARKETING NETWORK, INC.



Principal Place of Business Mailing Address
2374 HANOVER DR. DUNEDIN FL 34698 **2374 HANOVER DR. DUNEDIN FL 34698-2560**

3. Date Incorporated or Qualified **10/03/1988** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business 2a. Mailing Address
21 **327 BROOKSIDE CT.** 26 **327 BROOKSIDE CT**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2968252** Applied For Not Applicable

22 City & State 27 City & State
PALM HARBOR, FL **PALM HARBOR, FL**

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country
34683 USA **34683 USA**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRUCKMAN, HOWARD
2374 HANOVER DRIVE
DUNEDIN FL 34698

81 Name **EDWARD J. KEANE**
82 Street Address (P.O. Box Number is Not Acceptable) **327 BROOKSIDE CT**
83
84 City **PALM HARBOR** FL 85 Zip Code **34683**

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: *Edward J. Keane* **EDWARD J. KEANE** **2/25/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	DRUCKMAN, HOWARD	
STREET ADDRESS	605-3RD AVE.	
CITY-ST-ZIP	NEW YORK NY 10158	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWARD J. KEANE	
1.3 STREET ADDRESS	327 BROOKSIDE CT.	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Edward J. Keane* **EDWARD J. KEANE** **2/25/97** **813**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **781-5518**

CR2E034 (9/96)