

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

DOCUMENT # **L36425 (1)**

1. Corporation Name

THE COMMERCE CORPORATION



Principal Place of Business

Mailing Address

~~* P.O. BOX DRAWER 879
DELAND FL 32721-0879~~

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DELAND FL 32721-0879~~

3. Date Incorporated or Qualified **12/11/1989** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business
21 **1 CIRCLE OAKS TRAIL**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1 CIRCLE OAKS TRAIL**
Suite, Apt. #, etc.

4. FEI Number **59-2982003** Applied For Not Applicable

22 City & State
23 **ORMOND BEACH, FL**

27 City & State
28 **ORMOND BEACH, FL**

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

24 Zip **32174** 25 Country **USA**

29 Zip **32174** 30 Country **USA**

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

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BOIRE, MARTIN C.
125 E. INDIANA AVE.,
SUITE B
DELAND FL 32724~~
**1 CIRCLE OAKS TRAIL
ORMOND BEACH, FL 32174**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1 CIRCLE OAKS TRAIL
83
84 City **ORMOND BEACH FL** 85 Zip Code **32174**

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]

8-6-96

Signature typed or printed name of registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOIRE, MARTIN C.	
STREET ADDRESS	125 EAST INDIANA AVE. S B	
CITY - ST - ZIP	DELAND FL	
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		

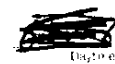
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1 CIRCLE OAKS TRAIL
1.4 CITY - ST - ZIP	ORMOND BEACH, FL 32174
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(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 of this report, or on an attachment with a copy of this report.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN C. BOIRE AS PRES

8-6-96
Date



CR2E034 (12/95)