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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66933

(7)

COMMERCE CONSULTING SERVICES, INC.

FILED Feb 25 1997 8:00am Secretary of State



M IAUCO M C		Mailing Address		g indiinit din aluta kitin ining ililah kiti	ALBE MINIS MINIS BIREL O	
Principal Place of Business % JAMES M. POBICKI #54 B201 S. TAMIAMI TRAIL, SARASOT SQ. MALL SARASOTA FL 34238		% JAMES M. POBICKI #54 8201 S. TAMIAMI TRAIL. SARASOT SQ. MALL SARASOTA FL 34238				
O-112700177 TC	•			3. Date incorporated or Qualified 04/20/1990	3a. Date of La 05/31/199	
2. Principal	Place of Business	2a. Mailing Address		4. FEt Number		Applied For
21		26		59-3006692		Not Applicable
Suite, Apt	#, etc	Surfe, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
City & Sta	de	City & State		6. Election Campaign Financing	\$5.	00 May Be
23		28		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	8. This corporation has tiability for		ler s. 199.032,
24	25	29	30		Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent	
POE	RICKI, JAMES M.		81 Name			
820	1 S. TAMIAMI TRAIL		82 Street Ad	dress (P.O. Box Number is Not Accepta	ible)	
SAR	ASOTA SQUARE MALL					
SAR	IASOTA FL 34238		63			
			84 City		85	Zip Code
			Oity		FL 🖭	Elb code
office or agent 1: SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida Such change was igations of Section 607.0505, F	authorized by the corpor Florida Statutes.	propration submits this statement for the ration's board of directors. I hereby acce	purpose of changi ept the appointmen	it as registered
CACATA OF IL	Signature, typed or profed name of registered a	agent and title if applicable (NC	OTE: Registered Agent signature red		DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 YITLE	111111111111111111111111111111111111111	Cha	nge 🔲 Addition
TITLE NAME	POBICKI, JAMES M.	DELETE	1.1 TITLE 1.2 NAME			nge 🔲 Addition
	POBICKI, JAMES M. 4239 DRYDEN CIR	DELETE				nge 🔲 Addition
NAME	POBICKI, JAMES M.		1.2 NAME			nge 🔲 Addition
NAME STREET ADDRESS	POBICKI, JAMES M. 4239 DRYDEN CIR	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS			
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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 employered 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.