

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N00901 (1)
 1. Corporation Name
COMMERCIAL SPECIFIERS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
**116 RIDGELAND PLZ
 RIDGELAND MS 39157
 US**

3. Date Incorporated or Qualified **01/09/1984** 3a. Date of Last Report **07/03/1995**
 4. FEI Number **65-0136471** 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**MIAMI CORPORATE SYSTEMS, INC.
 5200 BLUE LAGOON DR.
 STE. 700
 MIAMI FL 33126**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, COLEMAN	
STREET ADDRESS	116 RIDGELAND PLZ	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENTLEY, STEVE	
STREET ADDRESS	108 PARK DR.	
CITY-ST-ZIP	MONTGOMERYVILLE PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, CHARLES E.	
STREET ADDRESS	108 PARK DR.	
CITY-ST-ZIP	MONTGOMERYVILLE PA	
TITLE	T, PS	<input type="checkbox"/> DELETE
NAME	CROSWELL, BILL	
STREET ADDRESS	116 RIDGELAND PLZ	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, KEN	
STREET ADDRESS	108 PARK DR.	
CITY-ST-ZIP	MONTGOMERYVILLE PA	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Dowling
2.3 STREET ADDRESS	116 RIDGELAND PLZ
2.4 CITY-ST-ZIP	Ridgeland, MS
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	PRESIDENT, SEC, TREASURER <input checked="" 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	000001904000 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/25/96--01020--021
6.3 STREET ADDRESS	***61.25
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E037 (3/96)