

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 05 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000000020 (4)
 1. Corporation Name
COMMON SOLUTIONS, INC.



| | |
|--|--|
| Principal Place of Business 1717 INDIAN RIVER BLVD SUITE 300 VERO BEACH FL 32960 | Mailing Address 1717 INDIAN RIVER BLVD SUITE 300 VERO BEACH FL 32960 |
|--|--|

3. Date Incorporated or Qualified
12/30/1996

4. FEI Number **59-3501371**
APPLIED FOR

Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

**TORRENCE, ALFRED W JR.
6645 RIDGE RD
PORT RICHEY FL 34688**

10. Name and Address of New Registered Agent

81 Name **Schlitt, Louis L.**

82 Street Address (P.O. Box Number is Not Acceptable)
1717 Indian River Blvd

83 **Suite 300**

84 City **Vero Beach** **FL** 85 Zip Code **32960**

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 *[Signature]* DATE **2-23-98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SCHLITT, LOUIS L |
| STREET ADDRESS | 1717 INDIAN RIVER BLVD |
| CITY-ST-ZIP | VERO BEACH FL 32960 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BERSET, MARK |
| STREET ADDRESS | 6006 TROUBLE CREEK RD STE 208 |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ROE, GREG |
| STREET ADDRESS | 5006-208 TROUBLE CREEK RD |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | D |
| 1.3 STREET ADDRESS | SCHLITT, LOUIS L. |
| 1.4 CITY-ST-ZIP | 1717 INDIAN RIVER BLVD VERO BEACH FL 32960 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | D |
| 2.3 STREET ADDRESS | BERSET, MARK |
| 2.4 CITY-ST-ZIP | P.O. Box 60309 N/A St. Petersburg FL 33784-0309 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | D |
| 3.3 STREET ADDRESS | ROE, GREG |
| 3.4 CITY-ST-ZIP | 5006-208 TROUBLE Creek RD NEW PORT RICHEY FL 34652 |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **2-21-98**

CR2E037 (10/97)