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Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**TORRENCE, ALFRED W JR.
6645 RIDGE RD
PORT RICHEY FL 34668**

3. Date Incorporated or Qualified
12/30/1996

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

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

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SCHLITT, LOUIS L	1.2 NAME	SCHLITT, LOUIS L.
STREET ADDRESS	1717 INDIAN RIVER BLVD	1.3 STREET ADDRESS	1717 INDIAN RIVER BLVD
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	D	2.1 TITLE	D
NAME	BERSET, MARK	2.2 NAME	BERSET, MARK
STREET ADDRESS	6006 TROUBLE CREEK RD STE 208	2.3 STREET ADDRESS	P.O. Box 60309 N/A
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	St. Petersburg FL 33784-0309
TITLE	D	3.1 TITLE	D
NAME	ROE, GREG	3.2 NAME	ROE, GREG
STREET ADDRESS	5006-208 TROUBLE CREEK RD	3.3 STREET ADDRESS	5006-208 TROUBLE Creek RD
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 (1097)