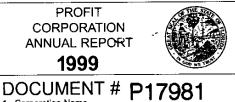
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90062 003 ***150.00

I COMM	ODITIES, INC.											
Principal Place	e of Business	Mailing Address						81 11811 1881		II BEBEL DIVIE VIDE	RIBLI VIGII IEDI	
P O BOX 6370 P O BOX 6370					ļ							
ASHLAND VA 23005 ASHLAND VA 23005								DO NO	T MOTE IN TI	IIC COACE		
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							10/198		Gamed			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number				I A	pplied For	
	35 Cox Road	26 P.O.Box 4380				54-1114179				 -	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.								\$8.75	\$8.75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required					equired	
City & Stat	e	City & State	· •			6. Election Campaign Financing				\$5.00	\$5.00 May Be	
23 GLEN	ALLEN VA	28 GLEN ALLEN	28 GLEN ALLEN VA			Trust Fund Contribution LJ Added to Fees						
Zip	Country	Zip	Country				-		he current year			
24 230		29 23058 30	u	S <i>A</i>				perty Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent	81	Name		10. Nar	ne and A	ddress o	New Register	ed Agent		
CT (CORPORATION SYSTEM		"	1								
1200 S. PINE ISLAND ROAD				Street	Addres	ess (P.O. Box Number is Not Acceptable)						
	NTATION FL 33324		83									
1 (7)	TATION 1 E 000ET		03	'								
			84	City						85 Zip	Code	
44 5	to the provisions of Sections 607.0502	and 607 1509 Elorida Statutes	he abov	e-named	cornor	ation sub	mits this	statement	for the purpose	of changing its	s registered	
office or r	edictored eacht or both in the State of	of Florida. Such change was autho	rized by	the coroc	oration	's board	of director	s. I hereb	y accept the ap	pointment as re	egistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statute	S.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable (NOTE Rec	stered Ann	nt signature re	equired w	men reinstat	ina)		DATE		}	
12.	OFFICERS AND		13.	THE SIGNATURE TO	oquiou i			HANGES	TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE							Change	Addition	
NAME	HOVERMARLE, DONALD H.		1.2 NAME									
STREET ADDRESS	ANAS OLICEIELD DI ACE		1.3 STREE	T ADDRESS	,	er 4						
CITY-ST-ZIP	LEXINGTON KT	l	1.4 CITY-S	ST-ZIP	(YNTH	IANA	KT	41031			
TITLE	VD	☐ DELETÉ	2.1 TITLE							⊠ Change	☐ Addition	
NAME	CROWDER, LARS E.		2.2 NAME									
STREET ADDRESS	10451 DOW GIL RD.			TADDRESS			COT A			•		
CITY-ST-ZIP	ASHLAND VA 23005		2.4 CITY-ST-ZIP		. 6	LEN	MEL	IVA	23060			
TITLE	S	☐ DELETE	3.1 TITLE							☐ Change	☐ Addition	
NAME	LORENCE, A JOHN JR		3.2 NAME									
STREET ADDRESS	281 OLD SACHEM HEAD DR		3.3 STREE	T ADDRESS								
CITY-ST-ZIP	GUILFORD CT		3.4. CITY-	ST-ZIP								
TITLE		☐ DELETE	41 TITLE							☐ Change	☐ Addition	
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREE	TADDRESS								
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					A-# *			
TITLE		☐ DELETE	5.1 TITLE							Change	☐ Addition	
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS								Ì	
CITY-ST-ZIP			5.4 CITY-3	SI-ZIP						Change	Addition	
TITLE		☐ DELETE	6.1 TITLE							☐ Change	☐ Addition	
NAME			6.2 NAME									
STREET ADDRESS				T ADDRESS								
CITY-ST-ZIP		-	6.4 CITY-3	ST-ZIP	i							

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or bin an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME (L.P. MARTIN CO. PC THURSED SIGNING OFFICER OR DIRECTOR 54-1506924