

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017396 (0)**

1. Corporation Name  
**COMMERCIAL SYSTEMS NETWORK, INC.**

Principal Place of Business      Mailing Address  
**4800 N. FEDERAL HWY., STE. D-102  
BOCA RATON FL 33431**      **4800 N. FEDERAL HWY., STE. D-102  
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/07/1994**

4. FEI Number      Applied For  
**65-0463785**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fes Required**

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      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

**DEUTSCH, SCOTT  
6900 NOVA DR., STE. 202  
DAVIE FL 33317**

10. Name and Address of New Registered Agent

81 Name **Deutsch, Scott**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9101 NW 25th St.**

83

84 City **Sunrise**      FL      85 Zip Code **33322**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DEUTSCH, SCOTT</b>
STREET ADDRESS	<b>6900 NOVA DR., STE. 202</b>
CITY - ST - ZIP	<b>DAVIE FL 33317</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Deutsch, Scott</b>	
1.3 STREET ADDRESS	<b>9101 NW 25th St.</b>	
1.4 CITY - ST - ZIP	<b>Sunrise, FL 33322</b>	
2.1 TITLE	<b>Donald Hundeman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>9101 NW 25th St</b>	
2.3 STREET ADDRESS	<b>Sunrise FL 33322</b>	
2.4 CITY - ST - ZIP		
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		<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Scott Deutsch*      **Scott Deutsch**      4/25/95      305-747-7337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #