

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 7:11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039243 (8)**

1. Corporation Name:

COMMERCIAL MARKETING, INC.

Principal Place of Business

Mailing Address

1302 WYNDCLIFF DRIVE
WEST PALM BEACH FL 33314

1302 WYNDCLIFF DRIVE
WEST PALM BEACH FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1994**
3a. Date of Last Report: **-**

2. Principal Place of Business	2a. Mailing Address
21 1280 N. CONGRESS AVE	26 1302 WYNDCLIFF DRIVE
State, Apt. #, etc: 213	State, Apt. #, etc: -
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33409 Country: P.B.C.H.	Zip: 33414 Country: P.B.C.H.

4. FEI Number: 05-0503693	Applied For: <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BREITWIESER, SUZANNE M
1302 WYNDCLIFF DRIVE
WEST PALM BEACH FL 33314

10. Name and Address of Now 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 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: *Suzanne M. Breitwieser*

DATE: **4/19/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD	1. TITLE
NAME: BREITWIESER, SUZANNE M	2. NAME
STREET ADDRESS: 1302 WYNDCLIFF DRIVE	3. STREET ADDRESS
CITY, ST, ZIP: WEST PALM BEACH FL 33314	4. CITY, ST, ZIP
TITLE: VTD	5. TITLE
NAME: BREITWIESER, JOHN J	6. NAME
STREET ADDRESS: 1302 WYNDCLIFF DRIVE	7. STREET ADDRESS
CITY, ST, ZIP: WEST PALM BEACH FL 33314	8. CITY, ST, ZIP
TITLE:	9. TITLE
NAME:	10. NAME
STREET ADDRESS:	11. STREET ADDRESS
CITY, ST, ZIP:	12. CITY, ST, ZIP
TITLE:	13. TITLE
NAME:	14. NAME
STREET ADDRESS:	15. STREET ADDRESS
CITY, ST, ZIP:	16. CITY, ST, ZIP
TITLE:	17. TITLE
NAME:	18. NAME
STREET ADDRESS:	19. STREET ADDRESS
CITY, ST, ZIP:	20. CITY, ST, ZIP

1. TITLE: PD / SECRETARY/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: BREITWIESER, SUZANNE M	
3. STREET ADDRESS: 1302 WYNDCLIFF DRIVE	
4. CITY, ST, ZIP: WEST PALM BEACH, FL 33414	
5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY, ST, ZIP:	
9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY, ST, ZIP:	
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. CITY, ST, ZIP:	
17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	
19. STREET ADDRESS:	
20. 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 included on this 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, and am authorized 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: *Suzanne M. Breitwieser*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

5/4/95 (Date) (407) 646-7750 (Business Hours)