

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: **1302 WYNDCLIFF DRIVE WEST PALM BEACH FL 33314**
Mailing Address: **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 —
4. FEI Number 05-0503693	Applied For Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21. 1280 N. CONGRESS AVE	26. 1302 WYNDCLIFF DRIVE
State, Apt #, etc 213	State, Apt #, etc 213
22. WEST PALM BEACH, FL	27. WEST PALM BEACH, FL
City & State	City & State
23. 33409 P.B.C.H.	28. 33414 P.B.C.H.
Zip Country	Zip Country

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

TITLE	PD
NAME	BREITWIESER, SUZANNE M
STREET ADDRESS	1302 WYNDCLIFF DRIVE
CITY, ST, ZIP	WEST PALM BEACH FL 33314
TITLE	VTD
NAME	BREITWIESER, JOHN J
STREET ADDRESS	1302 WYNDCLIFF DRIVE
CITY, ST, ZIP	WEST PALM BEACH FL 33314
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. TITLE	PD / SEC-Y / TRD	<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		

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. 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* DATE: **5/4/95** (407) 646-7750