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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P94000039243	(8)
i. Corporation name		

COMMERCIAL MARKETING INC.

COIVIIV	ENCIAL WANKETING, INC.						
Principal Place	e of Business	Mailing Address	-11			TRISE BOLDO ILIGO ESTA	E 31 011 01008 (A)A 1991
1280 N CON SUITE 213 WEST PALM	igress ave Beach fl 33409	1302 WYNDCLIFF DRI WEST PALM BEACH ( US					
US					<ol> <li>Date Incorporated or Qualified</li> <li>05/20/1994</li> </ol>	3a. Date of L 05/01	,
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite Act	H ata	26			65-0503693		Not Applicable
	04	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & Stat	€	City & State			Election Campaign Financing     Trust Fund Contribution	1 1	5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr	у	This corporation has liability for in Florida Statutes	ntangible tax und	
	9. Name and Address of Curren				10. Name and Address of New R		<u> </u>
<del>-</del>			81	Name	10. 110.000 07.7001 7.	-gistored Agen	·
1302 W	IESER, SUZANNE M YNDCLIFF DRIVE YALM BEACH FL 33314		82		ress (P.O. Box Number is Not Acceptabl	θ)	
			84	City		FL 85	Zip Code
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia. Such change was authori;	zéd by the con	named corpor poration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	2000 01 000000	) its registered office terad agent. I am
SIGNATURE							
Olona il one	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Age	nt signature required	d when reinstating!	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	PDST	☐ DELETE	1. 1 TITLE			☐ Cha	ange 🔲 Addition
NAME	BREITWEISER, SUZANNE M		1.2 NAME				
STREET ADDRESS	1302 WYNDCLIFF DRIVE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-	ST-ZIP		<del> </del>	
TITLE	VTD	☐ DELETE	2 1 TITLE			Cha	ange: 🗀 Addetion
NAME	BREITWEISER, JOHN J		22 NAME				
STREET ADDRESS	1302 WYNDCLIFF DRIVE		23 STREE	FADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3331	<del></del>	2 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3. 1 TITLE			☐ Cha	ange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY - 1	ST- 21P			F 1 10
NAME		□ pereie	4. 1 TITLE			☐ Cha	inge
STREET ADDRESS			4.2 NAME				
CITY-S1-ZIP				ADDRESS			
TITLE		DELETE	4.4 CITY- :	51 - ZIP			nov
NAME			5 1 TITLE			☐ Cha	inge 🔲 Addition
STREET ADDRESS			5.2 NAME	Lobocco			1
CITY-ST-ZIP			5.3 STREET	- 1			
TITLE		DELETE	5.4 CITY - 5 6. 1 TITLE	st - ZIP		[] (h)	nas 🗖 Addition
NAME		E Deteri	6.2 NAME			☐ Cha	nge 🔲 Addition
STREET ADDRESS				ADDRESS			j
CITY-ST-ZIP			6.3 STREET				İ
	reprint that the information supplied w	vith this filing is voluntarily furn	6.4 CITY - S nished and doe	s not qualify fo	or the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. 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 on an attachment with an address.

TOWN J. CASTWEST SIGNATURE/\_

4/23/96 407-686-7750