


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 27, 1999 8:00 am**  
**Secretary of State**

08-27-1999 90005 035 \*\*\*150.00

09-24-1999 90019 012 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000078733</b> 1. Corporation Name <b>COMMERCIAL COMPUTER SERVICES, INC.</b>					
Principal Place of Business <b>2393 OCEAN BREEZE COURT</b> <b>ATLANTIC BEACH FL 32233</b>			Mailing Address <b>2393 OCEAN BREEZE COURT</b> <b>ATLANTIC BEACH FL 32233</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>9428 Baymeadows Rd</b>			2a. Mailing Address 26 <b>9428 Baymeadows Rd</b>		
Suite, Apt. #, etc. 22 <b>Suite 126</b>			Suite, Apt. #, etc. 27 <b>Suite 126</b>		
City & State 23 <b>Jacksonville FL</b>			City & State 28 <b>Jacksonville FL</b>		
Zip 24 <b>32256</b>			Zip 29 <b>32256</b>		
Country 25 <b>USA</b>			Country 30 <b>USA</b>		
9. Name and Address of Current Registered Agent <b>ROBINSON, MARY A</b> <b>1 INDEPENDENT DRIVE</b> <b>SUITE 2600</b> <b>JACKSONVILLE FL 32202</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HANSEN, BONNIE L</b>		1.2 NAME		
STREET ADDRESS	<b>2393 OCEAN BREEZE COURT</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HANSEN, KIRK C</b>		2.2 NAME		
STREET ADDRESS	<b>2393 OCEAN BREEZE COURT</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I 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 in an attachment with an address.					
SIGNATURE: <u><i>Bonnie L Hansen</i></u>			8/24/99 904-828-4014		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

019810 - 90019 - 12



CR2E034 (5/99)