FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

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DOCUMENT # P94000089416

COMMERCIAL EQUIPMENT SYSTEMS, INC.

Principal Place	e of Business	Mailing Address						(a)	(1818 8111 1881	
3734 131ST AVENUE NORTH SUITE 4 CLEARWATER FL 34622 US 3734 131ST AVE N SUITE 4 CLEARWATER FL 33762 US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/09/1994			
Principal Place of Business 2a. Mailing Address							4. FEI Number	Ap	plied For	
21		26					59-3285080	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc							5. Certificate of Status Desired	\$8.75 A		
	- August - A	27					o. Gordinate of other	Fee.Re	-	
City & Stat	e	City & State	City & State				6. Election Campaign Financing	\$5.00		
23		28	•				Trust Fund Contribution	Added t	o Fees	
Zip	Country						This corporation owes the current yea Personal Property Tax.	rintanguole VYes	□No	
24	9. Name and Address of Current	Periotogod Agent	30				10. Name and Address of New Registe			
	5. Name and Address of Current	Registered Agent		81	Name		To traine and the second secon			
SHU	TE, ROY E									
3734 131ST AVENUE NORTH				82 Street Addr			ss (P.O. Box Number is Not Acceptable)		•	
SUITE 4				83						
CLEARWATER FL 34622				Ы				lant re- c	<u> </u>	
				84	City			FL 85 353	3°LZ	
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: Registere	ed Agen	t signature	required v	when reinstating) DATI	<u> </u>		
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12			
TITLE	P	D	ELETE 1.11	TITLE		8		Change	Addition	
NAME	SHUTE, ROY E.		1.2	NAME		1	TIGO AUGUSTA BU			
STREET ADDRESS	10524 OAKHURST ROAD	60 Augu	SY HOLK	STREET	ADDRESS		7160 August A Bu	1.		
CITY-ST-ZIP	LARGO FL 3511		1.4 (1.4 CITY-ST-ZIP			LARGO FL 332	<u> </u>		
TITLE	ST	□ D	ELETE 2.11	TITLE			· ·	Change	☐ Addition	
NAME	LOWE, ROBERT		2.21	NAME						
STREET ADDRESS	6412 112TH AVENUE		2.3 9	STREET	ADDRESS				ļ	
CITY-ST-ZIP	TEMPLE TERRACE FL			CITY-S	T-ZIP					
TITLE	DELETE 3:		TITLE				Change	☐ Addition		
NAME			3.21	NAME						
STREET ADDRESS			3.3	STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY-\$T-ZIP				[=] Channa	T Addition	
TITLE				4.1 TITLE				Change	☐ Addition	
NAME				NAME						
STREET ADDRESS			4.3 5	STREET	ADORESS					
CITY-ST-ZIP				CITY-S	r-zip	-		Change	Addition	
TITLE				TITLE				· — Change		
NAME				NAME	ADDRESS					
STREET ADDRESS				STREET CITY-S	ADDRESS					
CiTY-ST-ZIP				TITLE	- LIF	 		☐ Change	☐ Addition	

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 cha all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS