

**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 # **P95000024025 (5)**

1. Corporation Name  
**COMMON CENTS, INC.**



Principal Place of Business: **2972-A. AVENTURA BOULEVARD SUITE 225 AVENTURA FL 33180**  
Mailing Address: **2972-A. AVENTURA BOULEVARD SUITE 225 AVENTURA FL 33180**

3. Date Incorporated or Qualified: **03/24/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **6574 N. SR 7**  
Suite, Apt. #, etc. **Suite # 207**  
City & State **Coconut Creek FL**  
Zip **33073** Country  
22 **6574 N. SR 7**  
Suite, Apt. #, etc. **Suite # 207**  
City & State **Coconut Creek FL**  
Zip **33073** Country

4. FEI Number **65-0590795**  
Applied For:  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**BLOCH, STUART E  
2800 N MILITARY TRAIL  
4TH FLOOR  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **Victor Kline**  
82 Street Address (P.O. Box Number is Not Acceptable) **102 West Cypress Creek Road, Suite 700**  
83  
84 City **Fort Lauderdale, FL** 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0305, Florida Statutes.

SIGNATURE *Victor Kline*  
Signature of Registered Agent (Print Name) **Victor Kline** DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>TANNER, MARC S</b>	
STREET ADDRESS	<b>2972-A AVENTURA BOULEVARD SUITE 225</b>	
CITY - ST - ZIP	<b>AVENTURA FL 33180</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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 119.07(3)(k), 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 checked, on an attachment with an address.

SIGNATURE: *Marc S. Tanner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 954-570-5195  
DATE OF FILING

CR2E034 (12/95)