

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

APPROVED
AND
FILED

99 APR 16 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024984

1. Corporation Name
COMMERCIAL CORP.

Principal Place of Business

**1612 HUNTINGTON PLACE
SAFETY HARBOR FL 33703
US**

34695

Mailing Address

**1612 HUNTINGTON PL
SAFETY HARBOR FL 33703
US**

34695

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**PFRENGLE, KENNETH
~~1180 22ND AVE N~~
ST PETERSBURG FL 33708**

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

1612 Huntington PL

83

84 City *Safety Harbor*

FL 85 Zip Code *34695*

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, type or printed name of registered agent (and title, if applicable)

(TITLE) Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

**D
PFRENGLE, KENNETH
1612 HUNTINGTON PL
SAFETY HARBOR FL**

34695

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] 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 [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16 99 7258681

0498830

CR2E034 (11/98)