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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010927 (6)

COMMERCIAL INSTALLATION SYSTEMS, INC.

## **FILED** Mar 10 1998 8:00am Secretary of State



Principal Place of Business		Mailing Add	Mailing Address			- 1 30011001 100 18311 18811 88111 88111 88111 88111 88181 31811 88181 31811 9818	
8175 WOODROW WILSON BLVD. N.E. ST. PETERSBURG FL 33703			6175 WOODROW WILSON BLVD. N.E. ST. PETERSBURG FL 33703				
		SI. PETER	ODUNU PL 33/U	v		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
<b>!</b>						01/27/1997	
2. Principal P	face of Business	2a. Mailing	Address			4. FEI Number Applied For	
21		26				59 342 0700 Not Applicable	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State	o ·	City & S	itate			6. Election Campaign Financing \$5.00 May Be	
23	Country	28   		Countr		Trust Fund Contribution Added to Fees	
Zıp 24	<u>⊢</u> ¬ ′	j1 .		~	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
24	25 g. Name and Address of Cur	[29] rent Begistered Ag		30[		10. Name and Address of New Registered Agent	
~-	<del></del>	ioni nogratoros Ag		81	Name	IN 12mins with translated at 12min hindhestern school (	
	RMINARO, DEBORAH A ESQ			82			
475 CENTRAL AVENUE #M-2 ST. PETERSBURG FL 33701					Street	Address (P.O. Box Number is Not Acceptable)	
ŞI.	. PETEHOBUNG FL 33/01			83	1		
					]		
				84	City	FL 85 Zip Code	
dd Durauant	to the provisions of Sections 607.6	TEO and COT 1EOP	Florida Statuta	tho pho	n namor		
office or r	registered agent, or both, in the St	ate of Florida, Such	change was au	thorized b	y the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I a	im familiar with, and accept the ob	oligations of, Section	607.0505, Flor	ida Statute	98.		
SIGNATURE	Signature typed or printed name of registered		The state of the s	D		s required when reinstating) DATE	
12.		AND DIRECTORS	INOTE	13.	Jent signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P		DELETE	1.1 TITLE		Change Addition	
NAME	ROUNTREE, MICHAEL J	•		1.2 NAME			
STREET ADDRESS	6175 WOODROW WILSON	RIVO NE			T ADDRESS		
	ST. PETERSBURG FL 3370			1.4 CITY -			
CITY+\$T-ZIP TITLE	e		DELETE	2.1 TITLE	31-ZIF	Change Addition	
NAME	ROUNTREE, NORA F	•		2.2 NAME			
STREET ADDRESS	6175 WOODROW WILSON	RIVO NE			T ADDRESS		
	ST. PETERSBURG FL 3370			2. 4 CITY		. 1	
CITY+ST-ZIP TITLE	SI. FEIENSOUNG FL 33/L		DELETE	2. 4 CHY-	-01-LIF	Change Addition	
NAME		ı	DULLIE	3.1 INLE		La viengo La rodito	
					T ADDRESS		
STREET ADDRESS				3.3 3 INEE		l .	
CITY - ST - ZIP				0.1.00	OT 710	<u> </u>	
			DELETE	3.4. CITY -	-ST-ZIP	Chance Láddition	
TITLE			DELETE	4.1 TITLE	***	Change Addition	
TITLE NAME			DELETE	4.1 TITLE 4. 2 NAME	<del></del>	Change Addition	
NAME STREET ADDRESS			DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	T ADDRESS	Change Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-	T ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	ET ADDRESS ST-ZIP	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS St-Zip		
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS				4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP ST ADDRESS		
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP			DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	T ADDRESS ST-ZIP ST ADDRESS	Change Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME			DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Change Addition	
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE			DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Change Addition	

The part of the information supplies of wind riss ming does not qualify for me exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or suppliencental 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 allockment with an address.

URE: MORA F. ROUNTREE NORA F. ROUNTREE