FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S20039 (1)

1. Corporation Name

2 COMMAS, INC.

Principal Place of Business	Mailing Address
3131 US HWY 441-27 FRUITLAND PARK FL 34731 US	309 HIGHWAY 27-441 NORTH P O BOX 493000 LEESBURG FL 34749-3000

3. Date Incorporated or Qualified	12/14/1990
3a. Date of Last Report	04/18/1994
4. FEI Number	59-3040263
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANGELILLO, STEPHEN P.
3131 US HWY 441-27
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 [signature] 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANGELILLO, STEPHEN P.
STREET ADDRESS	3131 US HWY 441-27
CITY-ST-ZIP	FRUITLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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(1)(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 on an attachment with an address.

SIGNATURE: [signature] 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0462806 FP