

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

20 MAY - 1 14 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
3900 Apalachee Parkway, S.W.  
Tallahassee, Florida 32310-0001

DOCUMENT # S20039

(1)

2 COMMAS, INC.

Principal Office (City, State, and Zip)

3131 US HWY 441-27  
FRUITLAND PARK FL 34731  
US

Alternate Office

309 HIGHWAY 27-441 NORTH  
P O BOX 493000  
LEESBURG FL 34749-3000

DATE OF REPORT (MONTH, DAY, YEAR)

|                                                                                         |                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date of Incorporation or Reincorporation                                             | 3a. Date of Last Report                                  |
| 12/14/1990                                                                              | 04/18/1994                                               |
| 4. FIC Number                                                                           | Applied For<br>Not Applicable                            |
| 59-3040263                                                                              |                                                          |
| 5. Certificate of Status Desired                                                        | \$8.75 Additional<br>Fee Required                        |
| <input type="checkbox"/>                                                                |                                                          |
| 6. Election Campaign Financing<br>Trust Fund Contribution                               | \$5.00 May Be<br>Added to Fees                           |
| <input type="checkbox"/>                                                                |                                                          |
| 7. Has corporation been subject to a suspension from doing business in Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                            |                      |
|--------------------------------------------|----------------------|
| 2. Principal Office (City, State, and Zip) | 2b. Alternate Office |
| 21. Sub-Agency                             | 26. Sub-Agency       |
| 22. City & State                           | 27. City & State     |
| 23. City & State                           | 28. City & State     |
| 24. City & State                           | 29. City & State     |
| 25. City & State                           | 30. City & State     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City                                               |
| 84. City                                               |
| 85. Zip Code                                           |

FL

11. Pursuant to the provisions of Sections 225.01(1)(b) and 225.01(1)(c), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 agree to the provisions of Sections 225.01(1)(b) and 225.01(1)(c), Florida Statutes.

SIGNATURE

*Stephen P. Angelillo*

4/28/95

| 12. OFFICERS AND DIRECTORS |                                                                        | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995 |                                                                   |
|----------------------------|------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME                    | DP<br>ANGELILLO, STEPHEN P.<br>3131 US HWY 441-27<br>FRUITLAND PARK FL | 1. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          |                                                                        | 2. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. CITY & STATE            |                                                                        | 3. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                    |                                                                        | 4. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS          |                                                                        | 5. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. CITY & STATE            |                                                                        | 6. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                    |                                                                        | 7. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS          |                                                                        | 8. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. CITY & STATE            |                                                                        | 9. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                                                        | 10. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS         |                                                                        | 11. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. CITY & STATE           |                                                                        | 12. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. NAME                   |                                                                        | 13. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. STREET ADDRESS         |                                                                        | 14. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. CITY & STATE           |                                                                        | 15. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME                   |                                                                        | 16. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. STREET ADDRESS         |                                                                        | 17. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. CITY & STATE           |                                                                        | 18. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. NAME                   |                                                                        | 19. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. STREET ADDRESS         |                                                                        | 20. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. CITY & STATE           |                                                                        | 21. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME                   |                                                                        | 22. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23. STREET ADDRESS         |                                                                        | 23. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24. CITY & STATE           |                                                                        | 24. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 25. NAME                   |                                                                        | 25. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 26. STREET ADDRESS         |                                                                        | 26. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27. CITY & STATE           |                                                                        | 27. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28. NAME                   |                                                                        | 28. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 29. STREET ADDRESS         |                                                                        | 29. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 30. CITY & STATE           |                                                                        | 30. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for that exemption stated in Sections 225.01(1)(b) and 225.01(1)(c), Florida Statutes. I further certify that the information indicated in the preceding or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall render liable that person who is or claims to be the corporation or the person or persons empowered to execute this report as required by Chapter 225, Florida Statutes, and that my signature appears in Block 13 of this report as required by Chapter 225, Florida Statutes.

SIGNATURE:

*Stephen P. Angelillo*  
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95