

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S56379 (8)**  
**1. Corporation Name:**  
**COMMERCIAL INSTALLATION SERVICES GROUP, INC.**

Principal Place of Business  
4710 EISENHOWER BLVD. STE 2-B  
TAMPA FL 33634

**Mailing Address**  
**4710 EISENHOWER BLVD. STE 2-B**  
**TAMPA FL 33634-6335**

3. Date Incorporated or Qualified <b>05/28/1991</b>		3a. Date of Last Report <b>04/02/1996</b>	
4. FEI Number <b>59-3068606</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21	4505 W. Hillsborough Ave Suite Apt. # etc.	26	4505 W. Hillsborough Ave Suite, Apt. #, etc.
22	City & State	27	City & State
23	Tampa, FL Zip Country	28	Tampa, FL Zip Country
24	33614	29	33614
25	USA	30	USA

DAVIS, STEWART L.  
4710 EISENHOWER BLVD, STE 2-B  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 of \_\_\_\_\_ printed name of registered agent and title if applicable.

(NOTE Registered Agent's signature required when reinstalling)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	
TITLE	DC		<input type="checkbox"/> DELETE
NAME	DAVIS, STEWART L.		
STREET ADDRESS	4710 EISENHOWER BLVD #2B		
CITY, ST, ZIP	TAMPA FL		
TITLE	PS		<input type="checkbox"/> DELETE
NAME	DAVIS, STEWART L.		
STREET ADDRESS	4710 EISENHOWER BLVD #2B		
CITY, ST, ZIP	TAMPA FL		
TITLE	VCFO		<input checked="" type="checkbox"/> DELETE
NAME	SIGNORE, PHILIP P		
STREET ADDRESS	4710 EISENHOWER BLVD #2B		
CITY, ST, ZIP	TAMPA FL		
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 owned, or on an attachment with an address.

**SIGNATURE:** X

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

3/26/97 (813)886-0580  
Date Daytime Phone #

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

0347942

CR2E034 (9/96)