

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V57151 (5)

1. Corporation Name

COMMERCE STATION, INC.



Principal Place of Business

Mailing Address

ONE CLEARLAKE CENTRE STE. 201
250 AUSTRALIAN AVE., SOUTH
WEST PALM BEACH FL 33401

ONE CLEARLAKE CENTRE STE. 201
250 AUSTRALIAN AVE., SOUTH
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

08/13/1992

3a. Date of Last Report

08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Daryl B. Cramer, P.A.

26 c/o Daryl B. Cramer, P.A.

4. FEI Number

65-0358483

Applied For

Not Applicable

22 ONE CLEARLAKE CENTRE

27 ONE CLEARLAKE CENTRE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 250 Australian Av. So. #201

28 250 Australian Av. So. #201

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

24 West Palm Beach, FL

28 West Palm Beach, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24 33401

25 USA

29 33401

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAMER, DARYL B
ONE CLEARLAKE CENTRE STE. 201
250 AUSTRALIAN AVE., SOUTH
WEST PALM BEACH FL 33401

81 Name
DARYL B. CRAMER, P.A.

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

ONE CLEARLAKE CENTRE

83 250 AUSTRALIAN AVE., SOUTH #201

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

Signature typed or printed name of registered agent and title, if applicable

DATE

4/16/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LAIRD, ELLIOTT R
60 COLUMBIA WAY, STE. 200
MARKHAM ONTARIO CA L3R0C-9

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SOLOMON, DAVID
162 CUMBERLAND ST #230
TORONTO, ONT, CANADA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

SECRETARY TREASURER.

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

President.

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15/96

905-415-8433

Date

Daytime Phone

CR2E034 (12/95)