

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57151** (5)
1. Corporation Name
COMMERCE STATION, INC.



Principal Place of Business C/O DARYL B CRAMER P.A. ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE WEST PALM BEACH FL 33401 US	Mailing Address C/O DARYL BL CRAMER. P.A. 250 AUSTRALIAN AVE SO #201 WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Daryl B. Cramer, P.A.		2a. Mailing Address 26 c/o Daryl B. Cramer, P.A.		3. Date Incorporated or Qualified 08/13/1992	
22 Suite, Apt. #, etc. 515 North Flagler Dr. #910		27 Suite, Apt. #, etc. 515 North Flagler Dr. #910		4. FEI Number 65-0358483	
23 City & State West Palm Beach, FL		28 City & State West Palm Beach, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33401-4325		29 Zip 33401-4325		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CRAMER, DARYL B P.A. ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE SOUTH #201 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
				81 Name Daryl B. Cramer, P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 515 North Flagler Drive			
				83 Suite 910			
				84 City West Palm Beach FL 85 Zip Code 33401-4325			

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/23/97
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	LAIRD, ELLIOTT R		1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS		60 COLUMBIA WAY, STE. 200		1.3 STREET ADDRESS			
CITY-ST-ZIP		MARKHAM ONTARIO CA		1.4 CITY-ST-ZIP			
TITLE	P	SOLOMON, DAVID		2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS		162 CUMBERLAND ST #230		2.3 STREET ADDRESS			
CITY-ST-ZIP		TORONTO, ONT, CANADA		2.4 CITY-ST-ZIP			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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; that I am the officer 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:

R. Laird Elliott, Secretary

Feb 25/98

CR2E034 (10/97)