

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19698 (0)**
 1. Corporation Name
COMMERCIAL INVESTMENTS INTERNATIONAL, INC.



Principal Place of Business: **173 HILLSIDE AVENUE, P.O. BOX 384, WATERBURY CT 06710**
 Mailing Address: **173 HILLSIDE AVENUE, P.O. BOX 384, WATERBURY CT 06710**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1988	3a. Date of Last Report 01/26/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1071001	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRUNEAU, ROBERT A. 2039 BALBOA WAY KISSIMMEE FL 32741		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARTE, CONRAD	12. NAME	
STREET ADDRESS	173 HILLSIDE AVENUE	13. STREET ADDRESS	
CITY- ST- ZIP	WATERBURY CT	14. CITY- ST- ZIP	
TITLE	SVD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARTE, MICHAEL	22. NAME	
STREET ADDRESS	3270 BRANDY LANE	23. STREET ADDRESS	
CITY- ST- ZIP	SAN JOSE CA	24. CITY- ST- ZIP	
TITLE	STD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARTE, DAVID	32. NAME	
STREET ADDRESS	3270 BRANDY LANE	33. STREET ADDRESS	
CITY- ST- ZIP	SAN JOSE CA	34. CITY- ST- ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

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 in an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONRAD TARTE

4-12-96 203-753-7600
 Date Time Phone #

CR2E034 (12/95)