FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091813 (3)

1. Corporation Name

COMMERCIAL FINANCIAL SERVICES CORPORATION

Principal Place of Business	Mailing Address
695 TARPON BAY ROAD, SUITE 7 SANIBEL FL 33957	695 TARPON BAY ROAD, SUITE 7 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0553752	☐ Applied For ☐ Not Applicable
21	26 P.O. Box 716		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Sanibel, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 33957 / County 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARMENIA, LUCY 695 TARPON BAY ROAD, SUITE 7 SANIBEL FL 33957	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 the 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)
Signature of new registered agent, if changed (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS		
TITLE	D	11 TITLE	S/T/D	☒ Change ☐ Addition
NAME	ARMENIA, LUCY	12 NAME	Armenia, Lucy	
STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7	13 STREET ADDRESS		
CITY ST ZIP	SANIBEL FL 33957	14 CITY ST ZIP		
TITLE		21 TITLE	P/D	☐ Change ☒ Addition
NAME		22 NAME	Giovannetti, Paul	
STREET ADDRESS		23 STREET ADDRESS	695 Tarpon Bay Road, Suite 7	
CITY ST ZIP		24 CITY ST ZIP	Sanibel, FL 33957	
TITLE		31 TITLE	V/D	☐ Change ☒ Addition
NAME		32 NAME	Armenia, John	
STREET ADDRESS		33 STREET ADDRESS	695 Tarpon Bay Road, Suite 7	
CITY ST ZIP		34 CITY ST ZIP	Sanibel, FL 33957	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(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 changed, or on an attachment with an address.

SIGNATURE: Lucy Armenia Lucy Armenia, Secy. 4/28/95 813-395-9300
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003857 FP