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 # 391304 (3)

1. Corporation Name

COMMERCIAL VENTURE SERVICES, INC.

Principal Place of Business	Mailing Address
FIRST UNION BANK BLDG 1620 S FEDERAL HWY. #200 POMPANO BCH FL 33062-4517	FIRST UNION BANK BLDG 1620 S FEDERAL HWY. #200 POMPANO BCH FL 33062-4517

2. Principal Place of Business	2a. Mailing Address
21 1600 South Federal Highway	26 1600 South Federal Highway
Suite, Apt. #, etc.: 22 Suite 200	Suite, Apt. #, etc.: 27 Suite 200
City & State: 23 Pompano Beach, FL	City & State: 28 Pompano Beach, FL
Zip: 24 33062-7517 Country: 25 Broward	Zip: 29 33062-7517 Country: 30 Broward

3. Date Incorporated or Qualified: **11/11/1971**
3a. Date of Last Report: **05/22/1995**
4. FEI Number: **59-1367158** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VON STEIN, LEE T.
1620 S FEDERAL HWY, #200
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

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 ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	VON STEIN, CHARLES H	
STREET ADDRESS	6271-3 BAY CLUB DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	PD	☐ DELETE
NAME	VON STEIN, LEE T	
STREET ADDRESS	23 CASTLE HARBOR ISLE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1030 S.E. 7th Avenue	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Von Stein, Kirk	
3.3 STREET ADDRESS	2216 Cypress Bend Drive, #309	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Von Stein, Gloria	
4.3 STREET ADDRESS	6271-3 Bay Club Drive	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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] LEE T. VON STEIN — 2-12-96 — 954-943-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)