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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
1800 SOUTH FEDERAL HIGHWAY
200
POMPANO BEACH FL 33062-7517
US

Mailing Address
FIRST UNION BANK BLDG
1620 S FEDERAL HWY. #200
POMPANO BCH FL 33062-7517



3. Date Incorporated or Qualified 11/11/1971
3a. Date of Last Report 02/16/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 1600 S. Federal Highway
27 Suite, Apt. #, etc.
28 #200
29 City & State
30 Pompano Beach, FL
31 Zip
32 33062-7517
33 Country
34 USA

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 Kirk L. Von Stein
82 Street Address (P.O. Box Number is Not Acceptable) 2216 Cypress Bend Drive #309
83
84 City Pompano Beach FL 85 Zip Code 33069

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 *Kirk von Stein* 2/15/97
Signature type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON STEIN, CHARLES H	1.2 NAME	
STREET ADDRESS	6271-3 BAY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON STEIN, LEE T	2.2 NAME	Von Stein, Lee T.
STREET ADDRESS	1030 SE 7 AVE	2.3 STREET ADDRESS	1030 S.E. 7th Avenue
CITY-ST-ZIP	POMOANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON STEIN, KIRK	3.2 NAME	Von Stein, Kirk
STREET ADDRESS	2216 CYPRESS BEND DRIVE, #309	3.3 STREET ADDRESS	2216 Cypress Bend Drive, #309
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON STEIN, GLORIA	4.2 NAME	Von Stein, Gloria
STREET ADDRESS	6271-3 BAY CLUB DRIVE	4.3 STREET ADDRESS	6271-3 Bay Club Drive
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 amendment with an address.

SIGNATURE: *Kirk von Stein* 1/27/97 954-943-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)