

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

FILED
Jan 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

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
1800 S FEDERAL HWY
STE 200
POMPANO BCH FL 33062-4517
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 351 South Cypress Road
Suite, Apt. #, etc.
22 Suite 316
City & State
23 Pompano Beach, Florida
Zip
24 33060
Country
25 U.S.A.

2a. Mailing Address
26 351 South Cypress Road
Suite, Apt. #, etc.
27 Suite 316
City & State
28 Pompano Beach, Florida
Zip
29 33060
Country
30 U.S.A.

3. Date Incorporated or Qualified
11/11/1971

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIRK L VON STEIN
2216 CYPRESS BEND DRIVE 309
POMPANO BCH FL 33069

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VON STEIN, CHARLES H	
STREET ADDRESS	6271-3 BAY CLUB DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VON STEIN, LEE T	
STREET ADDRESS	1030 SE 7 AVE	
CITY-ST-ZIP	POMOANO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VON STEIN, KIRK	
STREET ADDRESS	2216 CYPRESS BEND DRIVE, #309	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	VON STEIN, GLORIA	
STREET ADDRESS	6271-3 BAY CLUB DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:

Kirk von Stein

1/15/98

954-943-8501

CR2E034 (10/97)