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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # **697925** **(6)**

1. Corporation Name

~~COMMERCE TITLE INSURANCE AGENCY OF FLORIDA, INC.~~ 11.28.95
Commerce Ventures, INC

Principal Place of Business	Mailing Address
218 APOLLO BEACH BLVD. APOLLO BEACH FL 33572	218 APOLLO BEACH BLVD. APOLLO BEACH FL 33572

3. Date Incorporated or Qualified: 08/06/1981
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2120269 ☐ 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

PETERSON MICHAEL L
~~662 YARDARM DR~~
~~APOLLO BEACH FL 33572~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 218 Apollo Beach Boulevard
83
84 City: Apollo Beach, FL — FL — 85 Zip Code: 33572

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: Michael L Peterson — 4-10-96
(Signature of person whose name is typed or printed as registered agent, if applicable) (Note: Registered Agent Signature required in all cases) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON MICHAEL L	1.2 NAME	
STREET ADDRESS	662 YARDARM DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, MELVIN W.	2.2 NAME	→ Vice-President Only No longer Director
STREET ADDRESS	2913 MAGDALENE WOODS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME		3.2 NAME	Judy T. Haughey
STREET ADDRESS		3.3 STREET ADDRESS	1546 Scotch Pine Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	000001797250 -04/29/96--01015--022
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	***200.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Michael L Peterson, President 4-10-96 813-645-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-26-96