

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90034 044 \*\*\*158.75

DOCUMENT # P95000093773

1. Corporation Name

COMMERCIAL RISK SERVICES, INC.



Principal Place of Business  
1600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

Mailing Address  
1600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/12/1995

4. FEI Number

65-0626238

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CAMILLO, JOHN M  
1600 WEST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

JONES, MATTHEW T. ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

1600 W. COMMERCIAL BLVD.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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.

MATTHEW T. JONES, ESQ.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MORGAMAN, PHILIP E  
STREET ADDRESS 1600 W. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE D ☒ DELETE  
NAME GADDIS, JESSE P  
STREET ADDRESS 221 WEST OAKLAND PARK BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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 D/C ☒ Change ☐ Addition  
1.2 NAME MORGAMAN, PHILIP E.  
1.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

2.1 TITLE D/P ☐ Change ☒ Addition  
2.2 NAME STEPHENSON, MARK  
2.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33309

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME NICHOLS, NEAL  
3.3 STREET ADDRESS 3251 WASHINGTON BLVD.  
3.4 CITY-ST-ZIP ARLINGTON, VA. 22201

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME CAMILLO, JOHN M.  
4.3 STREET ADDRESS 221 W. OAKLAND PK. BLVD.  
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33311

5.1 TITLE D/V/S/T ☐ Change ☒ Addition  
5.2 NAME GARDNER, DEBORAH S.  
5.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.  
5.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33309

6.1 TITLE D/V ☐ Change ☒ Addition  
6.2 NAME SPRUCE, WILLIAM D.  
6.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.  
6.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK STEPHENSON, PRESIDENT 3/10/99 (954) 493-6565

Date

Daytime Phone #

CR2E034 (11/98)

0287526

545026-90034-44  
p95 000093773

COMMERCIAL RISK SERVICES, INC.

ADDITIONAL OFFICERS:

Title: V  
Name: Matthew T. Jones  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dennis Smith  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Cheryl A. Smith  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Gary D. Paikoff  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Marilyn Peterson  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309