

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
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90006 044 ***550.00

DOCUMENT # **260418**

1. Corporation Name

AMERINET FINANCIAL SYSTEMS, INC.

Principal Place of Business

**3400 INLAND EMPIRE BLVD #205
STE 101
ONTARIO CA 91764
US**

Mailing Address

**3400 INLAND EMPIRE BLVD #205
STE 101
ONTARIO CA 91764
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1962

4. FEI Number

75-2609633

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

2. Principal Place of Business

21 3400 Inland Empire Blvd.

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Ontario CA

Zip

24 91764

Country

25 USA

2a. Mailing Address

26 3400 Inland Empire Blvd.

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Ontario CA

Zip

29 91764

Country

30 USA

9. Name and Address of Current Registered Agent

**WEST, PERRY DOUGLAS
1270 ORANGE AVENUE, STE. A
WINTER PARK FL 32789**

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 **C** ☐ DELETE
NAME **PEMBROKE, JOHN J**
STREET ADDRESS **9627 ROCKY BRANCH**
CITY-ST-ZIP **DALLAS TX 75243**

TITLE **TSR** ☐ DELETE
NAME **YEAGER, WILLIAM P SR**
STREET ADDRESS **3400 INLAND EMPIRE BLVD, STE 101**
CITY-ST-ZIP **ONTARIO CA 91764**

TITLE **VD** ☐ DELETE
NAME **YEAGER, WILLIAM P**
STREET ADDRESS **3400 INLAND EMPIRE BLVD, STE 101**
CITY-ST-ZIP **ORTARIO CA 91764**

TITLE **V** ☐ DELETE
NAME **URKLIN, VICKI**
STREET ADDRESS **3400 INLAND EMPIRE BLVD STE 101**
CITY-ST-ZIP **ONTARIO CA 91764**

TITLE **PD** ☐ DELETE
NAME **CUNLIFFE, ERIC H**
STREET ADDRESS **6200 S. SYRACUSE WAY, #400**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **Pembroke, John J.**
1.3 STREET ADDRESS **6200 S. Syracuse Way**
1.4 CITY-ST-ZIP **Englewood, CO 80111**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Lebow, Steve**
2.3 STREET ADDRESS **150 N. Clifford Ave.**
2.4 CITY-ST-ZIP **Los Angeles, CA 10128**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Dietz, Steven**
3.3 STREET ADDRESS **17786 Calle de Palermo**
3.4 CITY-ST-ZIP **Pacific Palisades, CA 90272**

4.1 TITLE **V** ☒ Change ☐ Addition
4.2 NAME **Burklin, Vicki**
4.3 STREET ADDRESS **3400 Inland Empire Blvd.**
4.4 CITY-ST-ZIP **Ontario, CA 91764**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **DeNero, Henry**
5.3 STREET ADDRESS **6200 S. Syracuse Way**
5.4 CITY-ST-ZIP **Englewood, CO 80111**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Vicki Burklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/99

909/481-7800

CR2E034 (11/98)

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