FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:39

DOCUMENT # H75597 (5)

1. Corporation Name
E.T.I. FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
3716 S. MILITARY TRAIL P O BOX 5417 LAKE WORTH FL 33466-2417	3716 S. MILITARY TRAIL P O BOX 5417 LAKE WORTH FL 33466-2417

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1985
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2611508 ☐ 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

FINKELSTEIN, MYRON
3716 S. MILITARY TRAIL
LAKE WORTH FL 33461

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: 33463

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	SEAMAN, CARL	1.2 NAME		
STREET ADDRESS	280 PARK AV	1.3 STREET ADDRESS	250 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	FINKELSTEIN, MYRON	2.2 NAME		
STREET ADDRESS	2051 SW 52RD. WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	MURSTEIN, PAUL	3.2 NAME		
STREET ADDRESS	280 PARK AV	3.3 STREET ADDRESS	250 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	VT	4.1 TITLE		☒ Change ☐ Addition
NAME	BLAKE, JAMES	4.2 NAME		
STREET ADDRESS	1432 MEDINA AVE.	4.3 STREET ADDRESS	2358 Sunderland Ave.	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	PRENDAMANO, JOSEPH G.	5.2 NAME		
STREET ADDRESS	718 JUNIPER PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: James W. Blake 2/13/95 (407) 968-9102
JAMES W. BLAKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430700 FP