

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90199 019 ***158.75

DOCUMENT # **H75597**

1. Corporation Name

E.T.I. FINANCIAL CORPORATION



Principal Place of Business

**3716 S. MILITARY TRAIL
P O BOX 5417
LAKE WORTH FL 33466-2417**

Mailing Address

**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

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

25

28
Zip

Country

30

9. Name and Address of Current Registered Agent

**FINKELSTEIN, MYRON
3716 S. MILITARY TRAIL
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name

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

2393 South Congress Ave

83

84 City

West Palm Beach

FL

85 Zip Code

33406

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 **CD** ☐ DELETE
NAME **SEAMAN, CARL**
STREET ADDRESS **250 PARK AVE**
CITY-ST-ZIP **NEW YORK NY**

TITLE **PD** ☐ DELETE
NAME **FINKELSTEIN, MYRON**
STREET ADDRESS **2051 SW 52RD. WAY**
CITY-ST-ZIP **PLANTATION FL**

TITLE **SD** ☐ DELETE
NAME **MURSTEIN, PAUL**
STREET ADDRESS **250 PARK AVE**
CITY-ST-ZIP **NEW YORK NY**

TITLE **VT** ☐ DELETE
NAME **BLAKE, JAMES**
STREET ADDRESS **2358 SUNDERLAND AVE**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **V** ☐ DELETE
NAME **PRENDAMANO, JOSEPH G.**
STREET ADDRESS **718 JUNIPER PLACE**
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **10451 W. Broward Blvd, Bldg 2 #109**
2.4 CITY-ST-ZIP **Plantation, FL 33324**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

(561) 568-9102

CR2E034 (11/98)