

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
C. Douglas Merritt
Secretary of State
1901 North West 11th Street
Tallahassee, Florida 32304-2500

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:51

DOCUMENT # **M95495**

(1)

OXFORD FINANCIAL INC.

1. Principal Place of Business: **C/O RUSS I HALPERN
6681 49 ST NORTH
PINELLAS PARK FL 34665**

Mailing Address: **C/O RUSS I HALPERN
6681 49 ST NORTH
PINELLAS PARK FL 34665**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State: **22** City & State: **27**

City & State: **23**

City: **24** County: **25** State: **29** Country: **30**

3. Date incorporated (or qualified): **09/01/1988**

3a. Date of Last Report: **04/20/1994**

4. FEI Number: **59-2948101**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for information tax under § 199.037, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **HALPRIN, HOUBEN E., David A.
6681 49 ST NORTH
PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent:

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 _____

B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.07(2) 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|--|---|---|
| OFFICE | Dir Director | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAME, ELAINE J. | 2. NAME | |
| STREET ADDRESS | 5751 APPLCROSS ST PETERSBURG FL | 3. STREET ADDRESS | |
| CITY & STATE | | 4. CITY & STATE | |
| OFFICE | DP Deceased | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALPRIN, HOUBEN E. | 2. NAME | |
| STREET ADDRESS | 6681 49TH ST. NO. PINELLAS PARK FL | 3. STREET ADDRESS | |
| CITY & STATE | | 4. CITY & STATE | |
| OFFICE | Director | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sharon R. Segredo | 2. NAME | |
| STREET ADDRESS | 8285 131 Way No. Seminole, Fl 34665 | 3. STREET ADDRESS | |
| CITY & STATE | | 4. CITY & STATE | |
| OFFICE | David A. Halprin President/Dir. | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | David A. Halprin | 2. NAME | |
| STREET ADDRESS | 6681 49th St. No. Pinellas Park, Fl 34665 | 3. STREET ADDRESS | |
| CITY & STATE | | 4. CITY & STATE | |
| OFFICE | ST/D | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael J. Halprin | 2. NAME | |
| STREET ADDRESS | 6681 49th St. No. Pinellas Park, Fl 34665 | 3. STREET ADDRESS | |
| CITY & STATE | | 4. CITY & STATE | |
| OFFICE | VP/D | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Laura A. Halprin | 2. NAME | |
| STREET ADDRESS | 6681 49th St. No. Pinellas Park, Fl 34665 | 3. STREET ADDRESS | |
| CITY & STATE | | 4. CITY & STATE | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the registration stated in Sections 199.037, 199.038, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and shall be in accordance with that required of the officer or director of the corporation in the absence of fraud or misrepresentation. I understand the report as required by Chapter 199, Florida Statutes, and that my name appears on the back of this filing in accordance with an affidavit.

SIGNATURE: *Sharon R. Segredo* *Sharon R. Segredo* **4/18/95** **813-521-4660**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR