

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M95495** (1)

1. Corporation Name  
**OXFORD FINANCIAL INC.**



Principal Place of Business Mailing Address  
**G/O-RUSS-HALPERN David A. Halprin**  
**6681 49 ST NORTH 6681 49 ST NORTH**  
**PINELLAS PARK FL 34665 PINELLAS PARK FL 34665**

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22	27	27
23	28	28
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3. Date Incorporated or Qualified <b>09/01/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2948101</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

**HALPRIN, ROUBEN, E-**  
**6681 49 ST NORTH**  
**PINELLAS PARK FL 34665**

81	Name	<b>David A. Halprin</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>6681 49th St. No.</b>
83		
84	City	<b>Pinellas Park, Fl</b>
85	Zip Code	<b>FL 34665</b>

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, 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, Sections 607.0607, Florida Statutes.

SIGNATURE *[Signature]* **David A. Halprin, Pres.** **4/19/96**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	<b>D</b> <b>BRAME, ELAINE J.</b> <b>5751 APPLECROSS</b> <b>ST PETERSBURG FL</b>	<input type="checkbox"/> DELETE	
	<b>D</b> <b>SEGREDO, SHARON R</b> <b>8285 131 WAY N</b> <b>SEMINOLE FL</b>	<input type="checkbox"/> DELETE	
	<b>PD</b> <b>HALPRIN, DAVID A</b> <b>6681 49TH ST N</b> <b>PINELLAS PARK FL</b>	<input type="checkbox"/> DELETE	
	<b>STD</b> <b>HALPRIN, MICHAEL J</b> <b>6681 49TH ST N</b> <b>PINELLAS PARK FL</b>	<input type="checkbox"/> DELETE	
	<b>VPD</b> <b>HALPRIN, LAURA A</b> <b>6681 49TH ST N</b> <b>PINELLAS PARK FL</b>	<input type="checkbox"/> DELETE	

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)(g), 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 registered broker/agent named in this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an alternate with an address.

SIGNATURE: *[Signature]* **David A. Halprin** **4/19/96** **813 521-4664**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E034 (12/95)