

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # M95495**  
 1. Corporation Name  
**OXFORD FINANCIAL, INC.**

Principal Place of Business: **6681 49th St. No. Pinellas Park, Fl 33781**  
 Mailing Address: **same**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **9/1/88**

4. FFI Number: **59 2948101** 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 or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business:

21. Suite, Apt #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address:

26. Suite, Apt #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

**David A. Halprin**  
**6681 49th St. No.**  
**Pinellas Park, Fl 33781**

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 \_\_\_\_\_ (Name of Registered Agent) (Name of Agent Signature Required When Changing) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elaine J. Brame</b>		12. NAME	
STREET ADDRESS	<b>5751 Applecross</b>		13. STREET ADDRESS	
CITY-ST-ZIP	<b>St. Petersburg, Fl</b>		14. CITY-ST-ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon R. Segredo</b>		22. NAME	
STREET ADDRESS	<b>6681 49th St. No.</b>		23. STREET ADDRESS	
CITY-ST-ZIP	<b>Pinellas Park, Fl</b>		24. CITY-ST-ZIP	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David A. Halprin</b>		32. NAME	
STREET ADDRESS	<b>6681 49th St. No.</b>		33. STREET ADDRESS	
CITY-ST-ZIP	<b>Pinellas Park, Fl 33781</b>		34. CITY-ST-ZIP	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael J. Halprin</b>		42. NAME	
STREET ADDRESS	<b>6681 49th St. No.</b>		43. STREET ADDRESS	
CITY-ST-ZIP	<b>Pinellas Park, Fl</b>		44. CITY-ST-ZIP	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Laura A. Halprin</b>		52. NAME	
STREET ADDRESS	<b>6681 49th St. No.</b>		53. STREET ADDRESS	
CITY-ST-ZIP	<b>Pinellas Park, Fl 33781</b>		54. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY-ST-ZIP			64. CITY-ST-ZIP	

**600002551606**  
**-06/08/98-0111-006**  
**\*\*\*450.00**

14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 and 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 of this change or addition report with an address.

SIGNATURE: *Elaine J. Brame* **Elaine J. Brame, Director**

CR2E034 (10/97)