

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P10885

(2)

1. Corporation Name

ARCADE FINANCIAL SERVICES CO.

95 MAY -1 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2841 EXECUTIVE DR., SUITE 220
CLEARWATER FL 34622

Mailing Address

2841 EXECUTIVE DR., SUITE 220
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	City	28	City
24	State	29	State
30	3. Date Incorporated or Qualified		
07/24/1986		3a. Date of Last Report	
		04/25/1994	
4. FEI Number		Applied For	
34-1134598		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	
7. This corporation has liability for changing tax status under Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODFREY, WILLIAM H.
2841 EXECUTIVE DR., SUITE 220
CLEARWATER FL 34622

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Agent for Signature (Print Name of Registered Agent or Officer)

12. Registered Agent Signature (Print Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	GODFREY, WILLIAM H.	1.2 NAME	
STREET ADDRESS	14237 FEATHER SOUND DR.	1.3 STREET ADDRESS	
CITY & STATE	CLEARWATER FL	1.4 CITY & STATE	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	PEVZNER, MICHAEL D.	2.2 NAME	
STREET ADDRESS	1484-72ND AVE.N.E.	2.3 STREET ADDRESS	
CITY & STATE	ST.PETERSBURG FL	2.4 CITY & STATE	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY & STATE		3.4 CITY & STATE	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		4.4 CITY & STATE	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		5.4 CITY & STATE	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		6.4 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.07(2)(b), 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. 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 of this document or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/30/95

818-572-4038

Telephone Number