

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90150 046 ***150.00

DOCUMENT # P15708

1. Corporation Name

SERVICE FINANCE CORPORATION

Principal Place of Business

419 KEY EXECUTIVE BLDG.
104 CRANDON BLVD
KEY BISCAIYNE FL 33149

Mailing Address

419 KEY EXECUTIVE BLDG.
104 CRANDON BLVD
KEY BISCAIYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1987

4. FEI Number

13-3164478

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

9. Name and Address of Current Registered Agent

SPENCER, S.A.
251 CRANDON BLVD.
#164
KEY BISCAIYNE FL 33149

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

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	PD	<input type="checkbox"/> DELETE
NAME	DONAGHY, JAMES W.	
STREET ADDRESS	7 RIDGEWOOD DRIVE	
CITY-ST-ZIP	BRIDGEWATER CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SPENCER, S.A.	
STREET ADDRESS	251 CRANDON BLVD. #164	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEISCHNER, STEVEN	
STREET ADDRESS	1979 DOGWOOD DR	
CITY-ST-ZIP	WESTFIELD NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DENIS, LYNNE	
STREET ADDRESS	10 EAST 53RD STREET, 30TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CIPULLY, DIANE R.	
STREET ADDRESS	7 RIDGEWOOD DRIVE	
CITY-ST-ZIP	BRIDGEWATER CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Bridgewater, CT 06752
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Scotch Plains, NJ 07076
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	New York, NY 10022
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Bridgewater, CT 06752
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven Leischer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99
Date

(305) 361-8864
Daytime Phone #

CR2E034 (11/98)