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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000090704 (3)**

1. Corporation Name
~~JMA SECURITIES, INC.~~
JMA Financial Services, Inc. see name L

[redacted]

Principal Place of Business	Mailing Address
100 SOUTH ASHLEY DRIVE. #1260 TAMPA FL 33602	100 SOUTH ASHLEY DRIVE. #1260 TAMPA FL 33602-5310

3. Date Incorporated or Qualified: 11/01/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 777 S. HARBOUR Island Blvd.	26 777 S. Harbour Island Blvd.
Suite, Apt. #, etc. 22 Suite #175	Suite, Apt. #, etc. 27 Suite #175
City & State 23 TAMPA Florida	City & State 28 TAMPA Florida
Zip 24 33602 Country 25 USA	Zip 29 33602 Country 30 USA

4. FEI Number: 59-3406616 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OARE, ELIZABETH L 100 SOUTH ASHLEY DRIVE, #1260 TAMPA FL 33602	81 Name: SAME AS Block 9 82 Street Address (P.O. Box Number is Not Acceptable): 777 S. HARBOUR Island Blvd. Suite 175 83 84 City: TAMPA FL 85 Zip Code: 33602

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: Elizabeth Oare 3/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OARE, ELIZABETH L	1.2 NAME	
STREET ADDRESS	741 MAIN SAIL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002143041 -04/15/97--01003--033 ***173.75
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

LL 04-14-97

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14. I do 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.

SIGNATURE: Elizabeth Oare March 13, 1997 (813)272-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #