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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000003439			
1. Corporation Name UNITED TRUST FINANCIAL SERVICES INC.			
Principal Place of Business 6017 9TH STREET NORTH ST. PETERSBURG FL 33703 PO Box 12373 St. Petersburg, FL		Mailing Address 6017 9TH STREET NORTH ST. PETERSBURG FL 33703	
2. Principal Place of Business 21 P.O. Box 12373 Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 12373 Suite, Apt. #, etc.	
22 City & State St. Petersburg FL		27 City & State St. Petersburg FL	
23 Zip 33733		29 Zip 33733	
24		30	
9. Name and Address of Current Registered Agent BURNS, THOMAS J. 2842 16TH AVE N ST. PETERSBURG FL 33713			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	BURNS, JR. T	1.2 NAME	Thomas Burns, Jr.
STREET ADDRESS	2842 16TH AVE N	1.3 STREET ADDRESS	2842 16th Ave N
CITY-ST-ZIP	ST. PETERSBURG FL 33713	1.4 CITY-ST-ZIP	St. Petersburg FL 33713
TITLE	ST	2.1 TITLE	Secretary, Treasurer
NAME	SELLAS, JOHN A.	2.2 NAME	John A. Sellas
STREET ADDRESS	5250 12TH ST N	2.3 STREET ADDRESS	1311 N. Westshore Blvd.
CITY-ST-ZIP	ST. PETERSBURG FL 33703	2.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)