

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Miriam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V47393** (6)  
1. Corporation Name  
**BULLION FINANCIAL SERVICES, INC.**



Principal Place of Business: **6499 N POWERLINE RD SUITE 101 FT LAUDERDALE FL 33309**  
Mailing Address: **6499 N POWERLINE RD SUITE 101 FT LAUDERDALE FL 33309**

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

3. Date Incorporated or Qualified: **06/26/1992** 3a. Date of Last Report: **05/01/1995**  
4. FBI Number: **65-0348848** 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: **FLANIGAN, JOSEPH B. 6499 N POWERLINE RD SUITE 101 FT LAUDERDALE FL 33309**  
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 607.06(2) and 607.1408, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P FLANIGAN, JOSEPH P</b>	2. NAME	
STREET ADDRESS	<b>156 NW 78TH TERR</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 in Block 14 if new, with an address.

SIGNATURE: *Joseph B. Flanigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)