

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

**PROFIT CORPORATION . . . ANNUAL REPORT 1996**



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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 260418 (9)**

1. Corporation Name  
**AMERINET FINANCIAL SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 1656 COCOA FL 32923**      **P.O. BOX 1656 COCOA FL 32923**

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      Country      28 Zip      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/28/1962**      **06/06/1995**  
4. FEI Number      Applied For  
**33-0493372**      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**

**WEST, PERRY DOUGLAS**  
**1270 ORANGE AVENUE, STE. A**  
**WINTER PARK FL 32789**

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		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DUANE, CHRISTIE</b>	
STREET ADDRESS	<b>3400 INLAND EMPIRE BLVD.</b>	
CITY - ST - ZIP	<b>ONTARIO CA 91764</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>PEMBROKE, JOHN J</b>	
STREET ADDRESS	<b>9827 ROCKY BRANCH</b>	
CITY - ST - ZIP	<b>DALLAS TX 75243</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>Perry Douglas West</b>	
STREET ADDRESS	<b>1270 Orange Ave Suite A</b>	
CITY - ST - ZIP	<b>Winter Park, FL 32789</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DATE
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**700001836137**  
**-05/23/96--01011--035** Change       Addition  
**\*\*\*208.75**  
**5-1-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** \_\_\_\_\_      **Di**      **4/15/96 407636584**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (12/95)