

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 260418 (9)**  
 1. Corporation Name  
**AMERINET FINANCIAL SYSTEMS, INC.**

Principal Place of Business <b>3400 INLAND EMPIRE BLVD #205</b> <b>SUITE 205</b> <b>ONTARIO CA 91764</b> <b>US</b>	Mailing Address <b>3400 INLAND EMPIRE BLVD #205</b> <b>SUITE 205</b> <b>ONTARIO CA 91764</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> <u>SUITE 101</u> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> <u>SUITE 101</u> City & State <b>28</b> Zip <b>29</b> Country	3. Date Incorporated or Qualified <b>06/28/1962</b>	4. FEI Number <b>75-2609633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
6. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent <b>WEST, PERRY DOUGLAS</b> <b>1270 ORANGE AVENUE, STE. A</b> <b>WINTER PARK FL 32789</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEMBROKE, JOHN J	1.2 NAME	<u>Pembroke, John J.</u>
STREET ADDRESS	9627 ROCKY BRANCH	1.3 STREET ADDRESS	<u>9627 Rocky Branch</u>
CITY-ST-ZIP	DALLAS TX 75243	1.4 CITY-ST-ZIP	<u>Dallas, TX 75243</u>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, PERRY D	2.2 NAME	<u>Yeager, Jr, William P.</u>
STREET ADDRESS	1270 ORANGE AVENUE, SUITE A	2.3 STREET ADDRESS	<u>3400 Inland Empire Blvd., Ste. 101</u>
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	<u>Ontario, CA 91764</u>
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, WILLIAM P	3.2 NAME	<u>Yeager, Sr, William P.</u>
STREET ADDRESS	3400 INLAND EMPIRE BLVD., 205	3.3 STREET ADDRESS	<u>3400 Inland Empire Blvd., Ste. 101</u>
CITY-ST-ZIP	ONTARIO CA 91764	3.4 CITY-ST-ZIP	<u>Ontario, CA 91764</u>
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKMAN, WINSTON E	4.2 NAME	<u>urklin, Vicki</u>
STREET ADDRESS	3400 INLAND EMPIRE BLVD., #205	4.3 STREET ADDRESS	<u>3400 Inland Empire Blvd., Ste. 101</u>
CITY-ST-ZIP	ONTARIO CA 91764	4.4 CITY-ST-ZIP	<u>Ontario, CA 91764</u>
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNLIFFE, ERIC H	5.2 NAME	<u>Cunliffe, ERIC H.</u>
STREET ADDRESS	6200 S. SYRACUSE WAY, #400	5.3 STREET ADDRESS	<u>6200 S. Syracuse way, Ste. 400</u>
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	<u>Englewood, CO 80111</u>
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOPAR, ALAN S	6.2 NAME	
STREET ADDRESS	2166 THE ALMEDA	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95128	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 19.07(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: Wicklin, Vicki 1-7-99 (and) 101-7006

CFR2034 (10/97)