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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700005048 (8)

SANDBERG FINANCIAL SERVICES, INC.

Principal Place of Business

Block 12 or Block 13 if cha

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



918 ORANGE AVENUE 918 ORANGE AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1997 Principal Place of Busines 28. Mailing Address 26. PO Box 14956 Y Applied For Hillcrest 59-3420646 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible ÚSA Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** RUBINO. NICHOLAS J ESQ 159 LOOKOUT PLACE #101 Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 83 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, 1 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change ___ Addition 1.1 TITLE TITLE James E. Sandberg **BANDBERG, JAMES E** 1.2 NAME NAME 1918 E HILLBEST ST **918 ORANGE AVENUE** 1.3 STREET ADDRESS STREET ADDRESS OKIANDO BL \32803 WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change ___ Addition DELETE 2.1 TITLE TITLE 2.2 NAME HILLCREST 2.3 STREET ADDRESS STREET ADDRESS 2.4 City - ST-ZiP CITY-ST-ZIP Change Addition DELETE 3.1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 THILE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 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

4/17/92