

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 529360 (0)

1. Corporation Name

INDEPENDENT FINANCE CO., INC.



Principal Place of Business

17151 N.W. 7TH AVE EXT.
P.O. BOX 694220
MIAMI FL 33269

Mailing Address

17151 N.W. 7TH AVE EXT.
P.O. BOX 694220
MIAMI FL 33269

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
04/01/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1956200

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

* - SEC ATTACHED

9. Name and Address of Current Registered Agent

TWOROGER, KENNETH F.
2651 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306

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
or registered agent
familiar with, ...

and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
from 607.0505, Florida.

SIGNATURE

Signature of individual named as registered agent (if any)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME TWOROGER, THOMAS M.
STREET ADDRESS 17151 N.W. 7TH AVE EXT
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE S
NAME GRAHAM, ALLYSE F.
STREET ADDRESS 17151 N.W. 7TH AVE EXT
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS TWOROGER PRESIDENT

Date

Deputy Phone #

CR2E034 (12/95)