

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

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33269-1220

2. Principal Place of Business

21 17151 N.W. 7TH AVE EXT

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33169

Country

25

2a. Mailing Address

26 P O BOX 694220

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33269-1220

Country

30

3. Date Incorporated or Qualified

04/01/1977

3a. Date of Last Report

05/01/1996

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

\*SEE ATTACHED

9. Name and Address of Current Registered Agent

TWOROGER, KENNETH F.  
2651 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

F&L Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

200 Laura Street, The Greenleaf Building

83

84 City

Jacksonville

FL

85 Zip Code

32202-3527

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 Martin A. Traber, Esq.

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/97

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

TITLE  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allyse F. Graham, SEC.

4/30/97

305-652-2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)