


FILED

May 08 1997 8:00am  
Secretary of State

| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b>  |  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|---|--|---|--|
| <b>DOCUMENT # F89761</b><br>1. Corporation Name<br><b>COORDINATED FINANCIAL SERVICES, INC.</b>  |  | <b>(3)</b>  |  |
| Principal Place of Business<br><b>754 FLEET FINANCIAL CT.</b><br><b>LONGWOOD FL 32750</b>   |  | Mailing Address<br><b>754 FLEET FINANCIAL CT.</b><br><b>LONGWOOD FL 32750-3725</b>  |  |
| 2. Principal Place of Business<br>21 <b>170 LYMAN Rd.</b><br>Suite, Apt. #, etc.<br>22 <b>112</b><br>City & State<br>23 <b>Casselberry, FL</b><br>Zip Country<br>24 <b>32707</b> 25 <b>US</b>   |  | 2a. Mailing Address<br>26 <b>170 LYMAN Rd</b><br>Suite, Apt. #, etc.<br>27 <b>112</b><br>City & State<br>28 <b>Casselberry, FL</b><br>Zip Country<br>29 <b>32707</b> 30 <b>US</b>                     |  |
| 9. Name and Address of Current Registered Agent   |  |   |  |
| <b>POYNER, JERRY</b><br><b>2311-B MERCATOR DRIVE</b><br><b>ORLANDO FL 32789</b>   |  | 81 Name <b>J</b><br>82 Street Address <b>1</b><br>83<br>84 City <b>CA</b>   |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation. 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. (NOT: Registered Agent signature required)   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |
| TITLE   | <b>PO</b><br><b>POYNER, JERRY</b><br><b>2311-B MERCATOR DRIVE</b><br><b>ORLANDO FL</b> | <input type="checkbox"/> DELETE   |  |
| NAME  |  |   |  |
| STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP   |  |   |  |
| TITLE   |  | <input type="checkbox"/> DELETE   |  |
| NAME  |  |   |  |
| STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP   |  |   |  |
| TITLE   |  | <input type="checkbox"/> DELETE   |  |
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| TITLE   |  | <input type="checkbox"/> DELETE   |  |
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| NAME  |  |   |  |
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| TITLE   |  | <input type="checkbox"/> DELETE   |  |
| NAME  |  |   |  |
| STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP   |  |   |  |
| 13.   |  |   |  |
| 1.1 TITLE   |  |   |  |
| 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 does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. |  |   |  |