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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F89761

(3)

COORDINATED FINANCIAL SERVICES, INC.

FILED May 08 1997 8:00am Secretary of State



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Principal Place		Mailing Address		Ì			aralı arası sibil gibi	I BIEIL LABL
754 FLEET FIN LONGWOOD FI		754 FLEET FINANCIAL CT. LONGWOOD FL 32750-372					į	
					3. Date incorporated or Qua 07/08/1982	lified 3	Date of Last F	Report
2. Principal Pl	lace of Business	28. Mailing Address			4. FEI Number			pplied For
21 170	Lyman Kd.	26 170 Lyn	1AN Rd	.	59-2209618		K N	ot Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desire	od [\$R 75	Additional
22 112		27 112			Germicate of Status Desire	<u>[</u>]	Fee R	equired
City & State 23 CASS		City & State			Election Campaign Finance Trust Fund Contribution	ing		May Be to Fees
Zip	Country	7ip	Country		B. This corporation has liabil			s. 199.032,
24 3270		29 32101	[30]	>l	Florida Statutes	-	s 🔲 No	
	9. Name and Address of Current	Registered Agent	81 Nar		10. Name and Address of N	——————————————————————————————————————	red Agent	
	NER, JERRY		, 61 1491	™ Je	pray PoynER	~		
	1-B MERCATOR DRIVE		82 Stre	et Addres	ss (P.O. Box Number is Not Ac	ceptable)		
ORL	ANDO FL 32789		83		10 MWW	F.d.		
			63		Suite 112	,		
			B4 City	^_	11		85 Zip	Code
-33-5				Υ	sselberry		rl 3	2707
office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607, 1508, Florida Statuti f Florida. Such change was a ons of, Section 607,0505, Flo	es, the above-name authorized by the c orida Statutes.	ea corpor corporatio	ration submits this statement to n's beard of directors. I hereby	r the purpo accept the	ose of changing i c appointment as	its registered s registered
SIGNATURE				 ,				
12,	Signature, typed or printed name of registered agent OFFICERS AND		Hogistered Agent signs	orne tedanea	ADDITIONS/CHANGES TO		AND DIRECTO	RS IN 12
TITLE	PO	DELEDE	1.1 1111.6	լ -	ADDITIONO/OHANGEO TO	OTTOLIS	Change	Addition
NAME	POYNER, JERRY		12 NAME	ļ ,			Origingo	L_J /Mainon
STREET ADDRESS	2311-B MERCATOR DRIVE		1.3 STREET ADDRES	cc 1-	10 LYMAN RO	1		
T T	ORLANDO FL		1.4 CiTY-ST-7/P	" \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	issel berry	たし	32707	
CITY-ST-ZIP TITLE	ONDATOO 12	DECETE	2.1 11111		TODEL DELLY	!	Change	Addition
NAME		CD 25544	2 2 NAME	Ì				[] I wanton
STREET ADDRESS			2.3 STREET ADDRES	cc				
				55				
CITY-ST-ZIP TITLE		DELETE	2 4 CHY-S1-7IP 31 HTLE				Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRES	00				
CITY-ST-ZIP			3.4. CITY - ST - ZIF					
TITLE		DELETE	4.17(1)(6				Change	Addition
NAME		La service	4 2 NAME				onlings	,,
STREET ADDRESS			4.3 STREET ADDRES	22				
CITY-ST-ZIP			4.4 CHY-ST-ZIP					
TITLE		DECETE	5.1 TITLE				Change	Addition
NAME		La Miller	5.2 NAME	1			youngo	
STREET ADDRESS			5.3 STREET ADDRES	22				
CITY-ST-ZIP			5.4 CHY+S1+7IP	55				
TITLE		DELETE	611011			-,,=+	☐ Change	Addition
NAME			62 NAME				0.12.190	
STREET ADDRESS			6.3 STREET ADDRES					
			•	∞				
City-St-ZiP	ov certify that the information supplied	with this filling does not qualit	 6.4 CITY - ST - 7IP v for the exemptio 	n slated in	n Section 119.07(3)(i). Florida S	Statutes. I fe	urther certify that	t the
informatio	n indicated on this annual report or su	nonental annual teneral	uo and accurate	and that m	ny signature shall have the sam	ne legal offe	not as if made ur	ndor nath: that

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 eath; 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.

CIGNATURE:

SIGNATURE EL OURRI