

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:16

DOCUMENT # F93000002777 (1)

1. Corporation Name

SPRING FINANCIAL SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001498654
-05/24/95--01093--001
1730.00 *200.00

Principal Place of Business

523 FELLOWSHIP RD., SUITE 220
MT. LAUREL NJ 08054

Mailing Address

523 FELLOWSHIP RD., SUITE 220
MT. LAUREL NJ 08054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

3a. Date of Last Report

04/20/1994

4. FCI Number

36-3618185

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

7. This corporation has authority for intrastate use under its Florida
Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

State, Apt. # etc.

22

City & State

27

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.14(8) Florida Statutes, this 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 607.09(5), Florida Statutes.

SIGNATURE

Signature of Agent, registered agent, or registered agent in charge

Signature of Registered Agent or Registered Agent in Charge

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FITZPATRICK, THOMAS J
STREET ADDRESS 523 FELLOWSHIP RD., SUITE 220
CITY, ST, ZIP MT LAUREL NJ 08054

1. TITLE ☐ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

TITLE V
NAME MARTELLA, JOHN N
STREET ADDRESS 523 FELLOWSHIP RD., SUITE 220
CITY, ST, ZIP MT LAUREL NJ 08054

2. TITLE ☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

TITLE VASD
NAME KILDEA, DENNIS
STREET ADDRESS 523 FELLOWSHIP RD., SUITE 220
CITY, ST, ZIP MT LAUREL NJ

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

TITLE V
NAME MATTEUCCI, RAYMOND
STREET ADDRESS 523 FELLOWSHIP RD., SUITE 220
CITY, ST, ZIP MT LAUREL NJ 08054

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

TITLE D
NAME DEL VALLE, MANUEL L
STREET ADDRESS 209 MUNOZ RIVERA AVENUE
CITY, ST, ZIP HATO REY PR

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

TITLE D
NAME CARRION, RICHARD L
STREET ADDRESS 209 MUNOZ RIVERA AVENUE
CITY, ST, ZIP HATO REY PR 00936

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked and is true and correct for the corporation stated in Section 11(1)(2)(3)(4) Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The removal or transfer of my name from this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report is an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95