

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

FILED
Apr 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
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DOCUMENT # F96000000566
 1. Corporation Name: **Champion Financial Services, Inc.**

Principal Place of Business	Mailing Address
6220 S. Orange Blossom Trail, Suite 196 Orlando, Florida 32809	

2. Principal Place of Business	26. Mailing Address
21. 6220 S. Orange Blossom	26. 2525 E. Camelback Rd.
22. Suite 196	27. Suite 1150
23. Orlando, Florida	28. Phoenix, Arizona
24. 32809	29. 85016
25. USA	30. USA

3. Date Incorporated or Qualified	3a. Date of Last Report
April 30, 1996	
4. FEI Number	Applied For
86-0644768	No
5. Certificate of Status Desired	88.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	85.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Road
 Plantation, Florida 33324

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Numbers Not Acceptable)	
B3. City	
B4. State	FL
B5. Zip	

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Steven P. Johnson	1.2 NAME	
STREET ADDRESS	2525 East Camelback Road, #1150	1.3 STREET ADDRESS	
CITY-ST-ZIP	Phoenix, Arizona 85016	1.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Walter T. Vonsh	2.2 NAME	
STREET ADDRESS	2525 East Camelback Road, #1150	2.3 STREET ADDRESS	
CITY-ST-ZIP	Phoenix, Arizona 85016	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Steven P. Johnson	3.2 NAME	
STREET ADDRESS	2525 East Camelback Road, #1150	3.3 STREET ADDRESS	
CITY-ST-ZIP	Phoenix, Arizona 85016	3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Steven P. Johnson	4.2 NAME	
STREET ADDRESS	2525 East Camelback Road, #1150	4.3 STREET ADDRESS	
CITY-ST-ZIP	Phoenix, Arizona 85016	4.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Steven T. Darak	5.2 NAME	
STREET ADDRESS	2525 East Camelback Road, #1150	5.3 STREET ADDRESS	
CITY-ST-ZIP	Phoenix, Arizona 85016	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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; that I am the receiver or person 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 FILING OFFICER OR DIRECTOR
Steven P. Johnson, Director, Vice President & Secretary
 4/10/97