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

PROFIT CORPORATION **ANNUAL REPORT**

1998

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Suite, Apt #, etc.

City & State

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9700001294 (4) DOCUMENT

FIRST NATIONS FINANCIAL SERVICES COMPANY

Principal Place of Business Mailing Address 2150 NORTH OCEAN BLVD 2150 NORTH OCEAN BLVD **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 2a. Mailing Address

Suite, Apt. #, etc

City & State

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FILED Feb 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1997 4. FEI Number Applied For 76-0481583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent

| g. Name and Address of | Current Registered Age | |
|------------------------|------------------------|---|
| JULIANO, WILLIAM T | | _ |
| 2150 NORTH OCEAN BLVD | | |
| | | |
| BOCA RATON FL 33431 | | |
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| 1 | 4 |
|-----|--|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
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| 83 | |
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| | |
| 84 | City 85 Zip Code |

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. Lam leavilies with and accept the objustices of Section 607,0505. Florida Statutes.

Country

81 Name

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|----------------|--|-------------------------------------|--------------------------------|----------------------------|---|------------|--|
| SIGNATURE . | Signature, typed or profed harne of regenered upon | and the if applicable (NC |)1£ Registered Agent signature | required whon reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PCD | DELETE | 1.1 TITLE | President | ☐ Change | | |
| NAME | JULIANO, WILLIAM T | • | 1.2 NAME | Gary N. Pelehaty | 4 : | | |
| STREET ADDRESS | 2150 N OCEAN BLVD | | 1.3 STREET ADDRESS | 220 Continental Drive | Suite 310 | | |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 CITY-ST-ZIP | Newark, DE 19713 | | | |
| TITLE | \$ | . DELETE | 2.1 TITLE | Director | Change | Addition | |
| NAME | DICKINSON, DEBORAH A | | 2 2 NAME | Todd Beck | 5.1 | | |
| STREET ADDRESS | 2150 N OCEAN BLVD | | 2.3 STREET ADDRESS | 220 Continental Drive | Suite 310 | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2 4 CITY-ST-ZIP | Newark, DE 19713 | | | |
| TITLE | D | ☐ DELETE | 31 TITLE | Director | ☐ Change | x Addition | |
| NAME) | JULIANO, THOMAS E | 47 | 3.2 NAME | Philip deMena | | | |
| STREET ADDRESS | 2150 N OCEAN BLVD | • | 3.3 STREET ADDRESS | 220 Continental Drive | , Suite 310 |) | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4. CITY-ST-ZIP | Newark, DE 19713 | - L | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| City-St-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | · ···· | ☐ Change | Addition | |
| NAME | | | 52 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | | |
| TITLE | | ☐ DETEJE | 6.1 TITLE | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZiP | | | | |

14. I heroby 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:

2.2.98 302-292-2100