

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G47317

(4)

1. Corporation Name

FLORIDA STATE FINANCIAL SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:17

Principal Place of Business

980 N. FEDERAL HWY.
SUITE 206
BOCA RATON FL 33432
US

Mailing Address

980 N. FEDERAL HWY.
SUITE 206
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1983

3a. Date of Last Report

09/01/1994

4. FEI Number

59-2322324

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEA-SIEGEL, SANDRA
980 N. FEDERAL HWY.
SUITE 206
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SHEA, SANDRA
STREET ADDRESS	711 SW 14 ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP
NAME	SIEGEL, ANTHONY A.
STREET ADDRESS	711 SW 14 ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	ANTHONY A. SIEGEL	
1.3 STREET ADDRESS	980 NORTH FEDERAL HIGHWAY	
1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432	
2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
2.2 NAME	SANDRA SHEA-SIEGEL	
2.3 STREET ADDRESS	980 NORTH FEDERAL HIGHWAY	
2.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

ANTHONY A. SIEGEL

1/23/95

407-347-7228

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Telephone Number