COR ANNU	PROFIT PORATION JAL REPORT	Sand	PARTMENT OF STATE ra B. Mortnam etary of State		
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	DOCUMENT # G67586 (9)				
STO	KES FINANCIAL SERVIC	ES CORPORATION) (84)(4) 8848 S(4)(5848) S(1)	lâish âist ainil âinli Liùit Dini ainic dinic den
Dracion Diese	of D.				
Principal Place of Business 9551 BAYMEADOWS RD #4 JACKSONVILLE FLORIDA 32256-4938		Maling Address 9551 Baymeadow Jacksonyille Fl	VS RD #4 .ORIDA 32256-4938		
				3. Date incorporated or Qualified 11/02/1983	3a. Date of Last Report 05/01/1995
 Principal Pla 	ice of Business	2a. Maling Address 26		4. FEI Number 59-2341003	Applied For Not Applicable
Suite, Apt. #	t, etc	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 ₁ p	Country 25	Zψ 29	Country 30	8. This corporation has liability for	
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New F	
H. Dues and			84 City		FL 85 Zip Code
	o the provisions of Sections 607.0 Id agent, or both, in the State of F n, and accept the colligations of S			ration submits this statement for the purific of directors. Therapy account the app	·
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64.01Y ST-7IP

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or this 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 charged or on an attricting ent with an address.

SIGNATURE:

4/9/96

904/739-2249

SIGNATURE:

SIGNATURE:

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District Florida

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District Florida

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119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under the certific florida in the certif

6.3 STREET ADDRESS 64 (HTY ST-7)P

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