

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

FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H01946** (3)
1. Corporation Name
PRESIDENTIAL FINANCIAL CORPORATION OF FLORIDA

Principal Place of Business 18012 NORTH DALE MABRY HWY SUITE 200-BLDG. B TAMPA FL 33618 US	Mailing Address 18012 NORTH DALE MABRY HWY SUITE 200-BLDG. B TAMPA FL 33618 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13907 N. DALE MABRY HWY Suite, Apt. #, etc. 22 SUITE 205 City & State 23 TAMPA, FL Zip 24 33618 Country 25 USA		2a. Mailing Address 26 13907 N. DALE MABRY HWY Suite, Apt. #, etc. 27 SUITE 205 City & State 28 TAMPA, FL Zip 29 33618 Country 30 USA		3. Date Incorporated or Qualified 05/02/1984	4. FEI Number 58-1569889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent SIVYER, NEIL 220 SOUTH FRANKLIN STREET TAMPA FL 33602				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 607.0605, Florida Statutes.

SIGNATURE  **Proprietor** DATE **3-29-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOLDSTEIN, PAUL		1.2 NAME				
STREET ADDRESS	2200 NORTHLAKE PKWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	TUCKER GA		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOVE, KENNETH		2.2 NAME				
STREET ADDRESS	2200 NORTHLAKE PKWY		2.3 STREET ADDRESS				
CITY-ST-ZIP	TUCKER GA		2.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MUNNALLY, HUGH P. JR.		3.2 NAME				
STREET ADDRESS	2200 NORTHLAKE PKWY		3.3 STREET ADDRESS				
CITY-ST-ZIP	TUCKER GA		3.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POST, MICHAEL J.		4.2 NAME				
STREET ADDRESS	2200 NORTHLAKE PKWY		4.3 STREET ADDRESS				
CITY-ST-ZIP	TUCKER GA		4.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RICHARDSON, JOHN		5.2 NAME				
STREET ADDRESS	2200 NORTHLAKE PKWY		5.3 STREET ADDRESS				
CITY-ST-ZIP	TUCKER GA		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 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 in an attachment with an address.

SIGNATURE  **Proprietor** **3-29-98** **83813-7566**

CR2E034 (10/97)