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Apr 23, 1999 8:00 am Secretary of State

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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H36917

1. Corporation Name

Principal Place of Business

FIRST U.S. FINANCIAL SERVICES, INC.

728 FENTRESS BLVD DAYTONA BEACH FL 32114		728 FENTRESS BLVD Daytona Beach FL 32114		DO NOT WRITE IN THIS	CDACE			
US		US			DO NOT WRITE IN THIS	SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>12/31/1984</li> </ol>			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2478840		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.7	5 Additional	
22	· · · · · · · · · · · · · · · · · · ·	27	-	-	5. Certifcate of Status Desired		Required	
City & State	9	City & State			6. Election Campaign Financing		00 May Be	
23		28			Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the current year Into		₩.	
24	25	29 30	<u> </u>	<del></del>	Personal Property Tax.	☐ Yes	ŊNo	
	9. Name and Address of Current	t Registered Agent		, <del></del>	10. Name and Address of New Registered	Agent		
			81	Name				
ALTES, HARVEY C. 728 FENTRESS BLVD		<b>.</b>		Street A	et Address (P.O. Box Number is Not Acceptable)			
	TONA BEACH FL 32114		83				·	
				}			<u>.</u>	
			84	City	FL	85 Z	Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes.	the above	e-named co	progration submits this statement for the purpose of	changing	its registered	
l office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	iorized by	the corpor	ation's board of directors. I hereby accept the appoin	ntment as	s registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and trile if applicable. (NOTE: Re	gistered Ager	nt signature req	uired when reinstating) DATE		<del></del>	
12	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	CTORS IN 12	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC		
TITLE	PD				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	PD ALTES, HARVEY C.		1.1 TITLE 1.2 NAME	TADDRESS	ADDITIONS/CHANGES TO OFFICERS AN			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CHOOLS EQUIRED TECHNOLOGY OF SIGNING OFFICER OR DIRECTOR