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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H51736

(7)

MAY'S	FINANCIAL SERVICES CON	APANY, INC.					
Principal Place	e of Business	Mailing Address				DIBLE BIBIT BIBIT BIBIT BIBIT BIBIT B	
11560 ISLAND LAKES LANE BOCA RATON FL 33498		11560 ISLAND LAKES LAN BOCA RATON FL 33498-68					
					3. Date Incorporated or Qualified 04/11/1985	3a. Date of Last Re 02/01/1996	port
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21		26		59-2666315		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A		
22		27				Fee Rec	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 P		
23 Zip	Country	Zip	Coun	rv	8. This corporation has liability for in		
24	25		30	.,	Florida Statutes	Yes No	199,032,
<u>-4 </u>	9. Name and Address of Curre				10. Name and Address of New Reg		
MAY	Y, SAMUEL F., JR.		6	1 Name			
MAY, SAMUEL P., 3R. 11560 ISLAND LAKES LANE				2 Street Add	ress (P.O. Box Number is Not Acceptab	e)	
BOCA RATON FL 33498				Sileer Aud	less (1.0. box number is not neceptable		
00.			8	13			
				14 City		85 Zip C	ode
							[
11. Pursuant	to the provisions of Sections 607.050 registered Agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was a	es, the abo authorized	ove-named corpora	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of changing its t the appointment as r	registered egistered
agent la	am familia with, and accept the dolig	ations of, Section 607.0505, Flo	rida Statu	les.	•	Allo ha	
SIGNATURE	Streng What	A DAMUEL	F [1]	MY JR		7 30 97	
12.	Signature, typed or printed name of registered	[int and tille if applicable (NOTE ND DIRECTORS	Registered /	Agerit signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS	UN 12
TITLE	TD OFFICERS AN	DELETE	1.1 TITE	E	7,0011101107011111011111111111111111111	Change	Addition
NAME	MAY, SAMUEL F., JR.	 ·	1.2 NAM				
STREET ADDRESS	11580 ISLAND LAKES LANE		1.3 SYR	EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	r-St-ZIP			
TITLE	PD	DELETE	2.1 TITL			☐ Change	☐ Addition
NAME	MAY, DIANA MARIE		2.2 NAN	AE			
STREET ADORESS	11560 ISLAND LAKES LANE		2.3 STR	EET ADDRESS			
CITY-SI-ZIP	BOCA RATON FL						
TITLE			2. 4 CIT	Y-ST-ZIP			
NAME	{	☐ DELETE	3.1 TITL	E		☐ Change	Addition
		DELETE	3.1 TITL 3.2 NAA	E AE		☐ Change	Addition
STREET ADDRESS		☐ DELETE	3.1 TITL 3.2 NAA 3.3 STR	E AE EET ADORESS		☐ Change	Addition
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14. I do 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 33 if changed, or on an attachment with an address. SIGNATURE:

FILED

May 07 1997 8:00am

Secretary of State