

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90007 007 \*\*\*\*\*8.75  
 03-17-1999 90007 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H61778**

1. Corporation Name  
**B.F.S.B. FINANCIAL SERVICES, INC.**

Principal Place of Business 5537 SHELDON RD STE. D TAMPA FL 33615 US	Mailing Address P O BOX 31125 STE. D TAMPA FL 33631-3125 US
----------------------------------------------------------------------------------	-------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/13/1985</b>	4. FEI Number <b>59-2811193</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	----

9. Name and Address of Current Registered Agent  
**YOUNG, RONALD A**  
**5537 SHELDON ROAD, STE. D**  
**STE. D**  
**TAMPA FL 33615**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NERNBERG, A. RICHARD</b>
STREET ADDRESS	<b>5537 SHELDON RD., STE. D</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, RONALD A.</b>
STREET ADDRESS	<b>5537 SHELDON RD., SUITE D</b>
CITY-ST-ZIP	<b>TAMAPA FL</b>
TITLE	<b>VPT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STANLEY, DANA S.J.</b>
STREET ADDRESS	<b>5537 SHELDON RD, SUITE D</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SOWRY, BRENDA</b>
STREET ADDRESS	<b>5537 SHELDON RD., STE D</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>EXEC. VP/D</b>
23 STREET ADDRESS	<b>YOUNG, RONALD A.</b>
24 CITY-ST-ZIP	<b>5537 SHELDON RD, SUITE D</b> <b>TAMPA, FL 33615</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>VPT</b>
33 STREET ADDRESS	<b>BEITELSHEES, KERWIN L.</b>
34 CITY-ST-ZIP	<b>5537 SHELDON RD, SUITE D</b> <b>TAMPA, FL 33615</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>PD</b>
53 STREET ADDRESS	<b>LISZKA, JOHN</b>
54 CITY-ST-ZIP	<b>5537 SHELDON RD, SUITE D</b> <b>TAMPA, FL 33615</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 on an attachment with an address, with all other like empowered

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RONALD A. YOUNG EXEC. V.P.**

1/4/99 813-886-5626  
 Date Daytime Phone #

CR2E034 (1/98)