

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morthy Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H90454**

(0)

1. Corporation Name

FINANCIAL TRADITIONS, INC.

Principal Place of Business

% BETTE LOU PALUMBO
POST OFFICE BOX 7181
FT. LAUDERDALE FL 33338
US

Mailing Address

1101 RIVER BEACH DRIVE
POST OFFICE BOX 7181
FORT LAUDERDALE FL 33338
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/16/1985

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2630512

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PALUMBO, BETTE LOU
POST OFFICE BOX 7181
FT. LAUDERDALE FL 33338

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 607.0405, Florida Statutes.

SIGNATURE

Bette Lou Palumbo
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

5/30/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CTS
PALUMBO, BETTE LOU
POST OFFICE BOX 7181
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PALUMBO, TERESE, ANN
121 MADISON AVENUE APT 2-I
NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PALUMBO, BETTE, LOU
1101 RIVER BEACH DR #517
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

Bette Lou Palumbo
Signature and TYPED NAME of person signing on behalf of corporation

7/24/95