May 10, 1999 8:00 am Secretary of State

05-10-1999 90136 012 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H99075**

1. Corporation Name

FINANCIAL SOLUTIONS INCORPORATED

Principal Place	e or Business	Mailing Address				
1061 MAITLAND	CTR. COMMONS	332 FOREST PARK CIRCLE				
STE. 204		LONGWOOD FL 32779				
MAITLAND FL 32751					DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualifed	
					02/13/1986	
9 Dringing Di	loce of Rusiness	2a. Mailing Address			4, FEI Number Applied For	
2. Principal Place of Business		F .			59-2645810 Not Applicable	
21		Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt. #, etc.		<del></del>			5. Certificate of Status Desired Fee Required	
22		27				
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	try	This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent	
			8	1 Name		
l WILE	EY, CHARLES E.		L			
332 FOREST PARK CIRCLE			82 Street Ac		t Address (P.O. Box Number is Not Acceptable)	
	IGWOOD FL 32779		L			
LON	GWOOD FL 32//9		8	33		
			-	34 City	85 Zip Code	
			'	City	FL   63   210 COUG	
44 Purcuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statute	s, the abo	ove-name	corporation submits this statement for the purpose of changing its registered	
office or n	ragistered agent, or both, in the State (	of Florida. Such change was au	thorized t	ov the corr	poration's board of directors. I hereby accept the appointment as registered	
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Flor	da Statut	es.		
SIGNATURE					required when rejustation) DATE	
	A second second					
	Signature, typed or printed name of registered agent			gent signature		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN					
	OFFICERS AN	D DIRECTORS	13.	 E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	OFFICERS AND P WILEY, CHARLES E.	D DIRECTORS	13. 1.1 TITU 1.2 NAM	 E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME STREET ADDRESS	P WILEY, CHARLES E. 332 FOREST PARK CIRCLE	D DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI	E E EET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	P WILEY, CHARLES E. 332 FOREST PARK CIRCLE LONGWOOD FL	D DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY	E EET ADDRESS '-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
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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:

SIGNATURE

Daytome Phone #

6.4 CITY-ST-ZIP