

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J52368** (4)

1. Corporation Name

**TAMPA PALMS FINANCIAL SERVICES, INC.**



Principal Place of Business

Mailing Address

**3531 WEST WATERS AVE  
TAMPA FL 33614**

**3531 WEST WATERS AVE  
TAMPA FL 33614**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGORIEN, JOHN R.  
353 ARBOR DR. WEST  
PALM HARBOR FL 33563**

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT**  DELETE  
NAME **MAGORIEN, JOHN R.**  
STREET ADDRESS **353 ARBOR DR. W.**  
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE **CEO**  Change  Addition  
1.2 NAME **JOHN R. MAGORIEN**  
1.3 STREET ADDRESS **353 ARBOR DR. W.**  
1.4 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **PRESIDENT**  DELETE  
NAME **GREGORY MAGORIEN**  
STREET ADDRESS **3402 TALLY CT**  
CITY-ST-ZIP **TAMPA FL 33618**

2.1 TITLE **PRESIDENT**  Change  Addition  
2.2 NAME **GREGORY MAGORIEN**  
2.3 STREET ADDRESS **3402 TALLY CT.**  
2.4 CITY-ST-ZIP **TAMPA, FL 33618**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gregory Magorien*

4-18-96

Date

(813)935-4645

Daytime Phone #

CR2E034 (12/95)