## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 18 1997 8:00am

	IAL REPORT	Secretar	y of State CORPORATIONS	Secretary of State
DOCUN 1. Corporation	MENT # J9079	` '		
REGAS	FINANCIAL SERVICES (	CORPORATION		4
Principal Place of Business Mailing Addres  8626 GOODBYS DR P OBOX 24551				4 124(110 0110 12114 22111 12112 12113 1211 2121) 2121) 2121) 2121 2121
POST OFFICE	BOX 24551	P OBOX 24551 POST OFFICE BOX 2455		
JACKSONVILL US	E FL 32217	JACKSONVILLE FL 32241 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report
•••				08/31/1987 04/30/1996 4. FEI Number Applied For
	ace of Business	2a. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2840474   Not Applicable   \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Country	Trust Fund Contribution
24	25		30	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
MEGAS, UTINIS L				(DO Double of Net Associate)
	CKSONVILLE FL 32257		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
			83	
			84 City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0	502 and 607, 1508. Florida Statute	es, the above-named corr	poration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Standard familiar with, and accept the ob-	ate of Florida. Such change was a ligations of, Section 607,0505, Flo	uthorized by the corporatorida Statutes.	poration submits this statement for the purpose of changing its registerection's board of directors. I hereby accept the appointment as registered
SIGNATURE				
12.	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. (NOTI AND DIRECTORS	Registered Agent signature requirements	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	REGAS, CHRIST L.		1.2 NAME	
STREET ADDRESS	8871 YORKSHIRE CT. JACKSONVILLE FL		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	JACKSONVILLE FL	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME			2.2 NAME	·- · -
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME		₽ prec(E	3.2 NAME	11.1 S. C. CHRINA C. MORRINA
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY+ST-ZIP	
TITLE		☐ DELETÉ	4.1 TITLE	Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		total seconds	6.2 NAME	La Orango La Mulliy
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
Information	n Indicated on this annual report of ficer or director of the corporation	died with this filing does not qualif or supplemental annual report is to or the receiver or truslee empow , or on an atlachment with an ade	and accurate and that ered to execute this report	d in Section 119.07(3)(i), Florida Statutes. I further certify that the t my signature shall have the same legal effect as if made under oath; the rt as required by Chapter 607, Florida Statutes; and that my name