FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K07167** **(5)**

1. Corporate Name
HZ FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
307 S. 2ND ST ~~16909 NW 67 AVE. STE 206~~ LARAMIE WY 82070 US	P O BOX 1325 ~~16909 NW 67 AVE. STE 206~~ LARAMIE WY 82070 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1987**
3a. Date of Last Report: **05/23/1994**

2. Principal Place of Business
21 **307 S. 2nd St.**
22 Suite, Apt. #, etc. ----------
23 City & State: **Laramie, WY**
24 Zip: **82070** 25 Country: **USA**

26. Mailing Address
26 **P.O. Box 1325**
27 Suite, Apt. #, etc. ----------
28 City & State: **Laramie, WY**
29 Zip: **82070** 30 Country: **USA**

4. FEI Number: **65-0021136** ☐ 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/will be liable for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHANEY, ROBERT K.
5979 NW 151ST ST
STE 110
MIAMI LAKES FL 33014

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 Section 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12
Title	**PVS**	☐ Change ☐ Addition
Name	**HAUN, VICKI MARION**	
Street Address	**1208 CANBY**	
City-State-Zip	**LARAMIE WY**	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I/We hereby certify that the information supplied with this 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 above, or on an attachment with an address.

SIGNATURE: Vicki M. Haun Vicki M. Haun/President 5/7/95 305-742-5687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

04B1148 FN