

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 # K77890 (7)

1. Corporation Name

ACORN FINANCIAL SERVICES CORPORATION



Principal Place of Business

9485 SUNSET DR.
SUITE A-270
MIAMI FL 33173
US

Mailing Address

9485 SUNSET DR.
SUITE A-270
MIAMI FL 33173
US

3. Date Incorporated or Qualified
04/05/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0130158

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAFFER, JACK J.
3301 N.E. SECOND AVE.
MIAMI FL 33137

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 title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BOATWRIGHT, LEONARD M.
STREET ADDRESS 15410 SW 84TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME TAPPIN, ANTHONY R.
STREET ADDRESS 7408 SW 180TH TERR.
CITY-ST-ZIP MIAMI FL 33156

TITLE D
NAME ASCHER, ROBERT
STREET ADDRESS 2001 NW 14TH ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME CAREY, GREGORY
STREET ADDRESS 9825 DOMINICAN DR.
CITY-ST-ZIP MIAMI FL

TITLE AS
NAME JACOBS, RON
STREET ADDRESS 3950 N. 43RD AVE.
CITY-ST-ZIP HOLLYWOOD FL

TITLE D
NAME MCCABE, HUGH
STREET ADDRESS 12520 SW 69TH AVE.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *S
1.2 NAME MONICA DELGADO
1.3 STREET ADDRESS 12035 SW. 19 TER #42
1.4 CITY-ST-ZIP MIAMI, FL 33175

2.1 TITLE TD
2.2 NAME TAPPIN, ANTHONY R.
2.3 STREET ADDRESS 9240 S.W. 78 COURT
2.4 CITY-ST-ZIP MIAMI, FL 33156

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

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

5.1 TITLE AS
5.2 NAME JACOBS, RON
5.3 STREET ADDRESS 3950 N. 43RD AVE
5.4 CITY-ST-ZIP HOLLYWOOD, FL

6.1 TITLE
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 an attachment with an address.

SIGNATURE:

Monica Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONICA DELGADO

4/30/96

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96