

FILED  
Apr 01 1998 8:00am  
Secretary of State

**DOCUMENT # K82130 (1)**  
1. Corporation Name  
**PRIORITY ONE FINANCIAL SERVICES, INC.**

Principal Place of Business	Mailing Address
146 2ND ST NORTH, STE. 200 ST. PETERSBURG FL 33701 US	146 2ND ST NORTH, STE. 200 ST. PETERSBURG FL 33701 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified <b>04/20/1989</b>		
4. FEI Number <b>59-2948919</b>	Applied For	
	Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. Name and Address of New Registered Agent		

<b>9. Name and Address of Current Registered Agent</b>  <b>GLADSTONE, LISA R.</b> <b>146 2ND ST N, STE 200</b> <b>ST. PETERSBURG FL 33701</b>	<b>81</b>	Name
	<b>82</b>	Street Address
	<b>83</b>	
	<b>84</b>	City

10. Name and Address of New Registered Agent		
(Post Office Box Number is Not Acceptable)		
<b>FL</b>	<b>85</b>	Zip Code

SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

12. OFFICERS AND DIRECTORS			13.		
TITLE	<b>P</b> <b>GLADSTONE, LISA R.</b> <b>146 2ND ST NORTH, STE. 200</b> <b>ST. PETERSBURG FL 33701</b>	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY - ST - ZIP			1.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> 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, trustee or liquidator 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 in an attachment with an address.

SIGNATURE: LISA R. GLADSTONE 1.6.98 813822.7171

**CR2E034 (10/97)**