

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K86880 (7)

1. Corporation Name

AGENTS FINANCIAL SERVICES CORP.

Principal Place of Business

Mailing Address

P O BOX 02-5391
BOX 650399
MIAMI FL 33102-5391
US

P O BOX 02-5391
BOX 650399
MIAMI FL 33102-5391
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1989

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0121341

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA TORRE, CARLOS
730 N.W. 107TH AVE.
STE 214
MIAMI FL 33172

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME MCCLEARY, JOSEPH
STREET ADDRESS 825 CROSSOVER LANE #112
CITY - ST - ZIP MEMPHIS TN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE P
NAME JOHNSTON, MCRAE B.
STREET ADDRESS 730 N W 107TH AVENUE #200
CITY - ST - ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE T
NAME GRAY, CHARLES H III
STREET ADDRESS 825 CROSSOVER LANE #112
CITY - ST - ZIP MEMPHIS TN

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

☐ Change ☐ Addition

TITLE V
NAME FARMER, JAMES
STREET ADDRESS 825 CROSSOVER LANE #112
CITY - ST - ZIP MEMPHIS TN

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

☐ Change ☐ Addition

TITLE S
NAME DE LA TORRE, CARLOS
STREET ADDRESS 730 N W 107TH AVENUE #200
CITY - ST - ZIP MIAMI FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is a true and accurate representation of the corporation's annual report as it made under oath; that I am an officer or director of the corporation or the provider or inducing agent; 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 provider or inducing agent; 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 provider or inducing agent; and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

McCrae B. Johnston
PRESIDENT

Date

Telephone Number

552-1027