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

CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE

Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

L10158 **DOCUMENT #**

(8)

VANDERBILT SQUARE FINANCIAL SERVICES, INC.



Principal Place of Business Maling Address % STEPHEN L. RASKIN % STEPHEN L. RASKIN 6201 SW 70TH ST. #205 6201 SW 70TH ST. #205						100 1044 00 110H 00H01 HIVE	A ABRI DIBIL DIBA		90011 WIWH W1031 FWW1	
S MIAMI F			S MIAMI FL 33143						Last Report 04/1995	
. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		_	Applied For	
		26	 			00 020 / 10 1			Not Applicable 75 Additional	
– Suite, Apt. ⊐	. #, etc.	Suite, Apt. #, etc	3.			5. Certificate of Status Desired			ee Required	
City & Sta	to .	Oty & State				6. Election Campaign Financing		\$5	.00 May Be	
3		28				Trust Fund Contribution		Added to rees		
Zip	Country	Zip	Cou	Country		8. This corporation has liability for intangible tax under s. 199.0			ers 199.032,	
<u> </u>	25	29	30	·			□ No	aont		
	g. Name and Address of Currer	t Registered Agent		81	Name	10. Name and Address of New F	registereu r	- vgem		
				01	İ					
	n, stephen L		82 Street			ldress (P.O. Box Number is Not Acceptable)				
-	S.W. 70TH STREET #205			83						
	HOUSE A							11		
S MIA	MI FL 33143			84	City		FL	85	Zip Code	
SIGNATURE	Signature, typed or perfect nonless/ required agen	DEDIRECTORS	(f.01) Regulate 13.	LA ₃ 1-si	4 signal no topic	ed wire receiving! ADDITIONS/CHANGES TO OFF				
12. TITLE	D OFFICERS AN	DELETE		TITLE		TENNIONAL OF MAGES 18 OF		Cha		
NAME	RASKIN, STEPHEN L.	_	121	AMÉ						
TREET ADDRESS			135	THEST	I ADDRESS					
CHTY-ST-ZIP	S MIAMI FL		140	iIY - 9	S1-7.P					
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STREET ADDRESS	s				LADORESS					
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NAME			42	NAME						
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NAME STREET ADDRES	as I				ET ADDRESS					
CITY - ST - ZIP			6 4	CITY -	S1 - ZIP					
14 Ldc bo	rob. partificities the information supplier	Lwith this foun is voluntar	av furnished an-	i do	es not qualif	y for the exemption stated in Section 11	9 07(3)(k), Fi	orida S	Statutes, I furt	

Too hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 0/(5)(i), Florida Statutes. Furnished and does not quality for the exemption stated in Section 119 0/(5)(ii), Florida Statutes, Furnished and does not quality for the exemption stated in Section 119 0/(5)(ii), Florida Statutes of Indian under 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 effects as if made under output it and indicate shall have the same legal effect as if made under output in the information indicated on this annual report 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 community with an address.

GNATURE:

| Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community | Community |

SIGNATURE:

SIGNATURE AND TYPEG OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEPHEN L. RASKIN