

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L23345** (6)

1. Corporation Name

FLAGSHIP FINANCIAL SERVICES, INC.



Principal Place of Business

**1500 NW 62ND ST #206
FT LAUDERDALE FL 33309**

Mailing Address

**1500 NW 62ND ST #206
FT LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JAFFE, CHARLES L.
1761 W. HILLSBORO BLVD.
SUITE 1401
DEERFIELD BCH. FL 33442**

moved to →

3. Date Incorporated or Qualified

10/16/1989

3a. Date of Last Report

04/06/1995

4. FET Number

65-0148629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

Jaffe, Charles L.

82

Street Address (P.O. Box Number is Not Acceptable)

1701 W. Hillsboro Blvd #303

83

84

City

Deerfield Beach,

FL

85

Zip Code

33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of the person making this filing for the corporation (Not applicable)

Signature of the person making this filing for the corporation (Not applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DP	☐ DELETE
2. NAME	KISLIA, JEROME	
3. STREET ADDRESS	1500 NW 62ND ST #206	
4. CITY-STATE-ZIP	FT LAUDERDALE FL	
5. TITLE	VTS	☐ DELETE
6. NAME	PETERSON, GISELE	
7. STREET ADDRESS	1500 NW 62ND ST #206	
8. CITY-STATE-ZIP	FT. LAUDERDALE FL	
9. TITLE	V	☐ DELETE
10. NAME	MORGAN, RITA M.	
11. STREET ADDRESS	1500 NW 62ND ST #206	
12. CITY-STATE-ZIP	FT. LAUDERDALE FL	
13. TITLE	V	☐ DELETE
14. NAME	HEALY, DEBORAH	
15. STREET ADDRESS	1500 NW 62ND ST #206	
16. CITY-STATE-ZIP	FT. LAUDERDALE FL	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. TITLE	☐ Change ☐ Addition
1.2. NAME	
1.3. STREET ADDRESS	
1.4. CITY-STATE-ZIP	
2.1. TITLE	☐ Change ☐ Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-STATE-ZIP	
3.1. TITLE	☐ Change ☐ Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-STATE-ZIP	
4.1. TITLE	☐ Change ☐ Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-STATE-ZIP	
5.1. TITLE	☐ Change ☐ Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-STATE-ZIP	
6.1. TITLE	☐ Change ☐ Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gisele Peterson U. Pres

3/7/96 954/771-8984

CR2E034 (12/95)