NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)L60741 EXECUTIVE FINANCIAL ASSOCIATES, INC. Principal Place of Business Mailing Address C/O HARESH RICH EMANDI 5723 WESTSHORE ORIVE NEW PORT RICHEY FL 34652 5723 WESTSHORE DIRVE 5723 WESTSHORE DRIVE DO NOT WRITE IN THIS SPACE NEW PORT RICHEY FL 34652 3. Date Incorporated or Qualified 03/23/1990 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3009337 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EMANDI. RICH **5723 WESTSHORE DRIVE** Street Address (P.O. Box Number is Not Acceptable) 82 **NEW PORT RICHEY FL 34652** 83 8 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 legislar with, and accept the obligations of Section 607.0505, Florida Statutes. KICH SIGNATURE RESIDENT OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 1.1 TITLE NAME EMANDI, RICH 1.2 NAME CR2E034 STREET ADDRESS **5723 WESTSHORE DRIVE** 1.3 STREET ADDRESS NEW PORT RICHEY, FL 34652 **NEW PORT RICHEY FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

14. Thereby 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 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 to this in address.

6.3 STREET ADDRESS