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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L92122**

1. Corporation Name
CUSTOM FINANCIAL SERVICES OF ORLANDO, INC.

Principal Place of Business

280 C.R. 427 SOUTH
LONGWOOD FL 32750
US

Mailing Address

280 C. R. 427 SOUTH
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1990

4. FEI Number

59-3037688

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

NICHOLSON, ROBERTA L.
280 C.R. 427 SOUTH
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

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 **Roberta L. Nicholson - Roberta L. Nicholson**

4/13/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **SARGENT, RON O.**
STREET ADDRESS **342 OVERSTREET AVE.**
CITY-ST-ZIP **LONGWOOD FL**

As of June 1998

TITLE **D** ☐ DELETE

NAME **ZUCCHI, TERRI**
STREET ADDRESS **708 BLADES COURT**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **P** ☐ DELETE

NAME **NICHOLSON, ROBERTA L**
STREET ADDRESS **342 OVERSTREET AVE.**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VICE PRESIDENT/DIRECTOR

Zucchi, TERRI

126 TRIPLET LAKE DRIVE

CASSELBERRY FL 32707

SECRETARY-TREASURER

Linda Mee

344 RIDGEWOOD AVE

ALTAMONTE SPRINGS FL 32701

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 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, with all other like empowered.

SIGNATURE: **Roberta L. Nicholson** **4/13/99** **407 834-9908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2F034 (1/1/98)