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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M09213 (3)

1. Corporation Name
CORPORATE FINANCIAL PROGRAMS, INC.



Principal Place of Business

6265 S.W. 110TH STREET
MIAMI FL 33156

Mailing Address

6265 S.W. 110TH STREET
MIAMI FL 33156-4063

3. Date Incorporated or Qualified
12/20/1984

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2486311

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

9. Name and Address of Current Registered Agent

TURNER, OTHEL
3741 WEST BROWARD BLVD STE 201
PLANTATION FL 33312

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

Signature type: The printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ADAMS, CHARLES A. II
STREET ADDRESS 7900 COLONY CR S #14-101
CITY-ST-ZIP TAMARAC FL
☐ DELETE

TITLE V
NAME ADAMS, WILLIAM S.
STREET ADDRESS 6265 SW 110TH ST
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE D
NAME ADAMS, CHARLES A. II
STREET ADDRESS 7900 COLONY CR S #14-101
CITY-ST-ZIP TAMARAC FL
☐ DELETE

TITLE TS
NAME ADAMS, CHARLES A
STREET ADDRESS 6265 SW 110
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ADAMS, CHARLES A. II
1.3 STREET ADDRESS 7900 COLONY CR S #14-101
1.4 CITY-ST-ZIP TAMARAC FL
☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME ADAMS, WILLIAM S.
2.3 STREET ADDRESS 6265 SW 110TH ST
2.4 CITY-ST-ZIP MIAMI FL
☐ Change ☐ Addition

3.1 TITLE D
3.2 NAME ADAMS, CHARLES A. II
3.3 STREET ADDRESS 7900 COLONY CR S #14-101
3.4 CITY-ST-ZIP TAMARAC FL
☒ Change ☐ Addition

4.1 TITLE TS
4.2 NAME ADAMS, CHARLES A
4.3 STREET ADDRESS 6265 SW 110
4.4 CITY-ST-ZIP MIAMI FL
☐ Change ☐ Addition

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

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 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.

SIGNATURE: Charles A. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/26/97
Daytime Phone # 305-661-0445

CR2E034 (9/96)