Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90009 019 ***450.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M95495

1. Corporation Name

OXFORD FINANCIAL INC.

Principal Place	e of Business	Mailing Address						
6681 49TH STR	eet north	6681 49TH STREET NORTH						
PINELLAS PARK FL 33781 US		PINELLAS PARK FL 33761 US						
					DO NOT WRITE IN T 1IS	SPACE		
					 Date incorporated or Qualified 09/01/1988 			'
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Appli	ed For
21		26			59-2948101	1	∤ 	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fe	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution		ded to I		
Zip	Country	Zip	Country		8. This corporation owes the current year Int	tangible		
24	25	29	0		Personal Property Tax.	Yes]No
	9. Name and Address of Current		~)		10. Name and Address of New Registered	Agent		
			81	Name				
HALF	PRIN, DAVID A.		20		Add (D.O. Box Number in Not Assentable)			
6681 49TH STREET NORTH			82	Street	Address (P.O. Box Number is Not Acceptable)			
PINELLAS PARK FL 33781			83					
l			84	City	FL	85	Zip Co	de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati tes	, the above	-named	corporation submits this statement for the purpose of	changin	g its re	gistered
ì office orn	egistered agent, or both, in the State ϕ m familiar with, and accept the obligate	f Fìorida. Such change was ₃ut	horized by	the corp	oration's board of directors. I hereby accept the appoi	ntment a	as regis	stered
	m tarrillar with, and accept the obligati	ons or, section our losos, Franc	a Sidicies					
SIGNATUF:E	Signature, typed or printed name of registered agent	and title if applicable (NOT E: R	legistered Agen	t signature	required when reinstating) DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRE	CTOF:	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE		DST	Cha		Addition
NAME	BRAME, ELAINE J.		1.2 NAME		Laura A. Halprin			
STREET ADDRESS	5751 APPLECROSS		1.3 STREET	ADDRESS	6681 49th St. No.			
CITY-ST-ZIP	ST PETERSBURG FL 33709		1.4 CITY-ST		Pinellas Park, F1 33781			
TITLE	D	☐ DELETE	2.1 TITLE	1-211		☐ Chai	nge -	Addition
NAME	SEGREDO. SHARON R		2.2 NAME					
	6681 49TH STREET NORTH		2.3 STREET	ADDBESS				i
STREET ADDRESS	PINELLAS PARK FL 33781		1					
CITY-ST-ZIP	PD PD		2.4 CITY-S 3.1 TITLE	1-212		[] Chai	nae -	☐ Addition
TITLE	HALPRIN, DAVID A	E DECETE	3.2 NAME			L. J. 101	3	
NAME								
STREET ADDRESS	6681 49TH STREET NORTH		3 3 STREET ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL 33781		3.4 CITY-ST-ZIP			Cha		Addition
TITLE	SYOK DVP	☐ DELETE	4 1 TITLE				ingu	L Addition
NAME	HALPRIN, MICHAEL J		4. 2 NAME					
STREET ADDRES S	6681 49TH STREET NORTH		4 3 STREET ADDRES					
CITY-ST-ZIP	PINELLAS PARK FL 33781	· ————————————————————————————————————	4.4 CITY-S	T-ZIP				- Aug:41
TITLE	VPD	☐ DELETE	5.1 TITLE			Cha	ınge	☐ Addition
NAME	HALPRIN, LAURA A		5.2 NAME					
STREET ADDRESS	6681 49TH STREET NORTH		5.3 STREET	ADDRESS	İ			
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5,4 CITY-S1	r-zip				
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	ange	☐ Addition
NAME			6.2 NAME					

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 a) other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura A. Halprin

4/13/99

727 521 4664