FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08316** **(4)**

1. Corporation Name

FLORIDA FINANCIAL SERVICES INVESTIGATIVE FUND, I NC.

Principal Place of Business	Mailing Address
14100 PALMETTO FRONTAGE ROAD SUITE 300 MIAMI LAKES FL 33016 US	14100 PALMETTO FRONTAGE ROAD SUITE 300 MIAMI LAKES FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1985	3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-2571254	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

OLEKSA, JAMES
14100 PALMETTO FRONTAGE ROAD
SUITE 300
MIAMI LAKES FL 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☒ Change ☐ Addition
NAME	RUTLEDGE, GARY E.	12 NAME		
STREET ADDRESS	9000 SOUTHSIDE BOULEVARD, BLDG. 400	13 STREET ADDRESS	DELETE	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	POST, JACK	22 NAME		
STREET ADDRESS	6787 BAYPINE ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	WOHL, MARK	32 NAME		
STREET ADDRESS	4101 RAVENSWOOD ROAD, BLDG 1, UNIT 1	33 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	OLEKSA, JAMES	42 NAME		
STREET ADDRESS	14100 PALMETTO FRONTAGE ROAD, SUITE 300	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	V/D	☐ Change ☒ Addition
NAME		52 NAME	GEORGE BARTLETT	
STREET ADDRESS		53 STREET ADDRESS	P.O. BOX 17645	
CITY-ST-ZIP		54 CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

305

SIGNATURE: James S Oleksa JAMES S. OLEKSA MAY 1 1995 364-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037849