

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 29504

1. Corporation Name

Advanced Financial Services, Inc. of Rhode Island
d/b/a AFS Financial, Inc.

Principal Place of Business

Mailing Address

25 Enterprise Center
Newport, RI 02842-5201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
May 13, 1983

2. Principal Place of Business

2a. Mailing Address

21 25 Enterprise Center

26 25 Enterprise Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Newport, RI

28 Newport, RI

24 Zip Country

29 Zip Country

02842-5201

02842-5201

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Amerilawyer
343 Almeria Avenue
Coral Gables, FL 33134

81 Name
CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Plantation Road
83
84 City
Plantation FL 85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

DATE: 6/29/99

12. OFFICERS AND DIRECTORS

13. ASSISTANT SECRETARY CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	Dennis F. Hardiman	25 Enterprise Center	Newport, RI 02842-5201
Treasurer	Dennis F. Hardiman	25 Enterprise Center	Newport, RI 02842-5201
Vice President	Lisa S. Hardiman	25 Enterprise Center	Newport, RI 02842-5201
Secretary	Lisa S. Hardiman	25 Enterprise Center	Newport, RI 02842-5201

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Assistant Secretary	Deanna M. Roy	25 Enterprise Center	Newport, RI 02842-5201

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

[Signature]
Dennis F. Hardiman, President

6/28/99 (40)946-3100 x 3404