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Feb 12 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 # P92000010512 (1)

1. Corporation Name

GARRETTSON FINANCIAL SERVICES, INC.



Principal Place of Business

660 N US HWY #1
STE A-103
TEQUESTA FL 33469
US

Mailing Address

P O BOX 4500
STE 203-206
TEQUESTA FL 33469-0500
US

2. Principal Place of Business

21 668 N. U.S. Hwy #1

Suite, Apt. #, etc.

22 City & State

23 TEQUESTA, FL

24 Zip 33469

25 Country PALM BEACH

2a. Mailing Address

26 P.O. Box 4500

Suite, Apt. #, etc.

27 City & State

28 TEQUESTA, FL

29 Zip 33469

30 Country PALM BEACH

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
08/20/1996

4. FEI Number

65-0375755

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

GARRETTSON, TIMOTHY P.
660 N US HWY 1
STE 203-206
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

TIMOTHY P. GARRETTSON

82 Street Address (P.O. Box Number is Not Acceptable)

668 NORTH U.S. HWY #1

83

84 City

TEQUESTA,

FL

85 Zip Code 33469

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

TIMOTHY P. GARRETTSON

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME GARRETTSON, THOMAS M
STREET ADDRESS 8 WINDING WAY
CITY-ST-ZIP LOCUST VALLEY NY

DELETE

TITLE D
NAME GARRETTSON, TIMOTHY P
STREET ADDRESS 660 N US HWY 1
CITY-ST-ZIP TEQUESTA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DIRECTOR
1.2 NAME THOMAS M. GARRETTSON
1.3 STREET ADDRESS 8 WINDING WAY
1.4 CITY-ST-ZIP LOCUST VALLEY, NY, 11560

Change Addition

2.1 TITLE DIRECTOR
2.2 NAME TIMOTHY P. GARRETTSON
2.3 STREET ADDRESS 18223 LAKEBEND DR.
2.4 CITY-ST-ZIP JUPITER, FL, 33458

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

TIMOTHY P. GARRETTSON

Date

Daytime Phone #

2/5/97 36-743-2656

CR2E034 (9/96)