FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000032604 (9) DOCUMENT #

Principal Place of Business

580 VILLAGE BOULEVARD

2. Principal Place of Business

WEST PALM BEACH FL 33409

SINGER FINANCIAL CORPORATION

Mailing Address

580 VILLAGE BOULEVARD

WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified 05/04/1993 4. FEI Number

3a. Date of Last Report 05/01/1995

Applied For Not Applicable

21 1800 OLD OKEECHO BEERD 26 1800 OLD OKEECHOBEE RD. Suite, Apt. #, etc.

Suite, Apt. #, etc.

28. Mailing Address

65-0408320 5. Certificate of Status Desired

\$8.75 Additional Fee Required

SWITE 200 City & State

SUITE 320

SUITE 200

City & State 28 WEST PAUN BEACH

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 WEST

33409

Country USA 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

10. Name and Address of New Registered Agent

☐ Yes ☐Mo

FILED

Secretary of State

May 01 1996 8:00 am

9. Name and Address of Current Registered Agent

Kroner, Burt 580 VILLAGE BOULEVARD **STE 320 WEST PALM BEACH FL 33409**

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

83

PALM BEACH 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.

84

SIGNATURE _	Signalize Dead or profiled rame of registered agent and Mich applicas	W AND CO	SULT cuistered Agent signature n	KRONER	4/20/94	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1 1 TITLE		☐ Change	Addition
NAME	KRONER, BURT	:	12 NAME		•	
STREET ADDRESS	580 VILLAGE BOULEVARD STE 320		13 STREET ADDRESS			
CITY-ST-ZIF	WEST PALM BEACH FL		14 CITY- ST-ZIP			
TITLE		☐ DELFTE	2 1 THTLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREET ADDRESS			
CHY-SI-ZIP			2 4 CHY-SY-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change	Addition Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY+ST-ZIP			3.4 C:TY - ST - ZIP			
TALE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	30000183 -05/22/96011	355 1 ®:	Addition
NAME			5.2 NAME , .	-05/22/96011	10052	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00		_
CITY-ST-ZIP			5.4 CITY - ST - ZIP			ΔU_{\perp}
TITLE		☐ DELE1E	6. 1 TITLE		Change	Admition
NAME			6.2 NAME		/ \	' /√L '
STREET ADDRESS			6.3 STREET ADDRESS		(~)·	'∀''

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)(k), 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 desclor on the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 12 of phanged for on an attachment with an address.

6.4 City - ST - ZIP

SIGNATURE:

CITY-ST-7P

BURT KRONER

Daytime Phone #