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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000033369 (8)

FILED Apr 24 1998 8:00am Secretary of State

OIMIFLE	FINANCIAL SOLUTIONS, II	10.			
Principal Place of Business Mailing Address					4 (BOTTON 120 JOHON STILL MUSSI BOSIS BOTTL ANTOL LISAN STILM TITLE MILLE COLL LONG
5777 BENEVA RD. S. 5777 BENEVA RD. S.					
UNIT 14 UNIT 14			T. 64088		DO NOT WRITE IN THIS SPACE
SARASOTA FL US	. 34233	SARASOTA FL 34233 US			3. Date Incorporated or Qualified
US		03			05/07/1993
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26	•		65-0420811 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	8		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	i Registered Agent			10. Name and Address of New Registered Agent
prewett, daniel				Name	10
5777 Be neva Rd. S. Sara so ta Fl. 34233			ļī	32 Street	et Address (P.O. Box Number is Not Acceptable)
			Ļ		
			'	33	
			ļī	34 City	85 Zip Code
					FL ¹³ 247 5000
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 Standarie, broad or printed name of represented agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed harve of registered ager OFFICERS AND		13.	Agent signature	ture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITL	<u> </u>	Change Addition
NAME			1.2 NA		
STREET ADDRESS				EFT ADDRESS	s
CITY-ST-ZIP	4 t m 4 m m m m m m m m m m m m m m m m			r-St-ZIP	
TITLE	D	DELETE	2.1 ไปไ		Change Addition
NAME	PREWETT, DANIEL L		2.2 NAM	ME	
STREET ADDRESS	4410 GARCIA AVE		2.3 STR	eet address	s
CITY-ST-ZIP	SARASOTA FL 34233		2 4 Cil	Y-ST-ZIP	
TITLE	VPS	DELETE	3.1 TITE	.E	Change Addition
NAME	GEORGE, ELIZABETH		3.2 NA	AE.	
STREET ADDRESS	4410 GARCIA AVENUE		3.3 STF	EET ADDRESS	ss
CITY-ST-ZIP	SARASOTA FL 34233		3.4. CH	Y-S1-ZIP	
TITLE		DELETE	4.1 TITI	.E	Allan Scott D, Taes, Pros Change Addition
NAME			4. 2 NA	ME	4410 Genacia Ave
STREET ADDRESS			4.3 STF	EET ADDRESS	Sarasota, TL 342-33
CITY-ST-ZIP			4.4 CIT	Y-S1-ZIP	Jarasota, TL 34233
TITLE		☐ DELETE	5.1 ((1)	.Е	Change Addition
NAME			5.2 NA	ΛE	
STREET ADDRESS			5.3 STF	EET ADDRESS	ss
CITY-ST-ZIP				Y - ST - ZIP	
TITLE		DELETE	6.1 TIT		Change Addition
NAME			6.2 NA		
STREET ADDRESS				EET ADDRESS	is
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	Late Control of Control Character Late Character La
14. 1 hereby o	certify that the information supplied wi	ith this filing does not qualify	for the exe	nption state	ated 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.

2/5/90