

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90168 038 ***150.00

DOCUMENT # P93000056747

1. Corporation Name
SECURITY FINANCIAL & INVESTMENT CORP.

Principal Place of Business
6917 COLLINS AVE
SUITE 1611
MIAMI BEACH FL 33141

Mailing Address
P.O. BOX 415638
MIAMI BEACH FL 33141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

4. FEI Number
41-1792016

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NESTOR, BRENDA
6917 COLLINS AVE.
SUITE 1611
MIAMI BEACH FL 33141

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 duties.

SIGNATURE

Signature, typed or printed

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVPD ☐ DELETE
NAME COLVIN, MELVIN R
STREET ADDRESS 6917 COLLINS AVE SUITE 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCSD ☐ DELETE
NAME NESTOR, BRENDA
STREET ADDRESS 6917 COLLINS AVE. STE. 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

2.1 TITLE VC/EO R/S/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TS ☐ DELETE
NAME LAUNER, BLANCHE S
STREET ADDRESS 6917 COLLINS AVE. STE. 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

3.1 TITLE T/Asst Secy ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SVPD ☐ DELETE
NAME FIELD, LISA M
STREET ADDRESS 6917 COLLINS AVE. STE. 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

4.1 TITLE VP/Asst Secy/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CPD ☐ DELETE
NAME POSNER, VICTOR
STREET ADDRESS 6917 COLLINS AVE, SUITE 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

5.1 TITLE C/P/CEO/D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE
NAME WEYCHERT, DAVID W
STREET ADDRESS 6917 COLLINS AVE, SUITE 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (305) 866-7272

0210015

CR2E034 (11/98)