

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070050 (8)

1. Corporation Name

THE FINANCIAL HOUSE, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/04/1993	3a. Date of Last Report 04/25/1994
4. FET Number 65-0479616	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country

9. Name and Address of Current Registered Agent	
BURTON, GERALD K 160 S.W. 12TH AVE. SUITE 109 DEERFIELD BEACH FL 33442	

10. Name and Address of New Registered Agent	
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature of current registered agent or registered agent and the corporation

Signature of new registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1. TITLE	☐ Change ☐ Addition
NAME	HOUSE, COL. AT.	1. NAME	
STREET ADDRESS	6488 MIAMI LAKES DR. E.	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI LAKES FL 33014	1.4 CITY, ST, ZIP	
TITLE		2. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in the new 199.032(4)(b), 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 liquidator 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:

Colonel A.T. House
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Apr 95 (305) 557-7890 (M)

557-9326

0064081 CP