TAMPA FL 33618



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300076333

FINANCIAL CONTRACTING SERVICES, INC.

Principal Place of	f Business	Malting Address		
3211 PLEASANT L TAMPA FL 33618	AKE DR.	3211 PLEASANT LA TAMPA FL 33618	AKE DR.	
				DO NOT WRITE I
				3. Date his orporated or Qualified
2. Principal Place	e of Business	2a. Mailing Addres	ss	11/01/1993 4. FE (Number
21		26		59-3206429
Suite, Apt #,	etc	Suite Apt. #, e	etc.	
22		27		5. Certificate of Status Desired
City & State		City & State		6. Election Camputan Financing Trust Fund Contribution
Zip	Country	Zιμ	Country	8. This corporation owes the currently
24	25	29	30	Personal Property Lax
	Name and Address of Cu	urrent Registered Agent		10. Name and Address of New Regis
	, armando j Leasant lake dr.			: LAddress (P.O. Box Namber is Nat Acceptable)

DO.	NOT	WRIT	FIN	THIS	SPACE

	DO NOT WIN	IE DA IDI	SOFACE
3.	Date his orporated or Qualified		
	11/01/1993		1.1.
4.	EE t Number		Applied For
	59-3206429		Applied For Not Applicable
5.	Certificate of Stal is Desired	1+	\$8.75 Additional Fee Required
	Election Campa, in Financing	1.1	\$5.00 May Be

	HOSE FORG COLLECTION	Augea to Ft	D.C.
8.	This corporation owes the current year	Intangible	
	Personal Property Lax	[Tyes [Ir	Vα

40	Mana	and	Address	~1	Massi	Danielarad	Anna
TV.	Name	and	Address	10	New	Registered	Agent

•	84	City	FL 85 Zip Gode
Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Static	Lby	the corporation's board of directors. Thereby accept the	

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SIGNATURE	Signature, Typed or printed name of registered appearand to all applicat	sie (NOTE R	legishmed Agost signature regis vis	who not be great DATE.	
12.	OFFICERS AND DIRECTOR		1 13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	CD	[DELETE	1.1 TilkE		[Change [Addition
NAME	YANEZ, ARMANDO J		12 NAME		
\$TREET ADDRESS	3211 PLEASANT LAKE DR.		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		14 COn - \$1 - 261		
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NAME			2.2 NAME	-84/05/990	01145007
STREET ADDRESS			23 STREET ACCIDENS	****150.00	****150.00
CITY-ST-ZIP			2.4 Cith. \$1-261		
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NAME			3.2 NAME		
STREET ADDRESS			3.9 STREET ADORESS		
CITY-ST-ZIP			3.4 CHY-\$1-ZP		ļ
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NAME			4-2 NASC		
STREET ADDRESS			. 43 STREET ADORESS		
CITY-ST-ZIP			4.4 City \$1.70°		
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NAME			5.2 NAMI		
\$TREET ADORESS			53 STREET ADDRESS		
C/TY-ST-Z/P			54 Cth -\$1-7#1		
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NAME			E 2 NAM	Wales acon	
STREET ADDRESS			E3 STREET ACHIRESS	24/2/99 99AR	
CITY-ST-ZIP			64 Offi-S1 26	× -11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

14. Thereby 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 sinuclegal effect as if made under each 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: