

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000000564 (2)

1. Corporation Name
AUGUSTA FINANCIAL SERVICES, INC.



Principal Place of Business 789 S FEDERAL HWY #201 STUART FL 34994 US	Mailing Address P.O. BOX 1529 STUART FL 34995 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 789 S Federal Hwy Suite, Apt. #, etc. H 22 Suite 201 City & State 23 Stuart Zip 24 34994 Country 25		2a. Mailing Address 26 P.O. Box Suite, Apt. #, etc. 27 P.O. Box 1529 City & State 28 Stuart Zip 29 34995 Country 30		3. Date Incorporated or Qualified 01/04/1994	4. FEI Number 59-3242635 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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9. Name and Address of Current Registered Agent Klier, Kevin 408 COLORADO AVE STUART FL 34994		10. Name and Address of New Registered Agent 81 Name Kevin Klier 82 Street Address (P.O. Box Number is Not Acceptable) 789 S. Federal Highway Suite 201 83 84 City Stuart FL 85 Zip Code 34994	
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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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	0 Klier, Kevin 5732 WINDSONG LANE UNIT #317 STUART FL 34997	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Change Addition

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

SIGNATURE:

SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone # 0491847

CR2E034 (10/97)