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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # P9400007286 (5)

REGIONAL FINANCIAL SERVICES, INC.

Principal Place of Business	FW 9 VAIR	Mailing Address			
·		Mailing Address			
C/O JOHN F. KELLY 3020 N. FEDERAL HWY.BLDG	3.11. 2ND FLOOR	G/O JOHN F. KELLY 3020 N. FEDERAL HV	VY.BLDG.11. 2ND FLOOR		
FT. LAUDERDALE FL 33306		FT. LAUDERDALE FL	33306	2 Pote Independent Control	12 2
				 Date Incorporated or Qualified 01/20/1994 	3a. Date of Last Report 03/28/1995
. Prinopal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26		65-0473766	Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Cut. 9 Chata		27		G. Solumedte of States Seconds	Fee Required
Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Z _B)	Country	Zip	Country	Trust Fund Contribution	Added to Fees
25]	29	30	8. This corporation has liability for in Florida Statutes	Intangible tax under s. 199.032,
9. Name an	d Address of Curren	t Registered Agent		10. Name and Address of New R	_ _
			81 Name		
KELLY, JOHN F			82 Street Add	iress (P.O. Box Number is Not Acceptab	lal
3020 N. FEDERAL HI			5.56.7.65	2003 (10. Downtonnes in 16. 2000pteb	10)
BLDG. 11, 2ND FLOO			83		
FT. LAUDERDALE FL	33306		84 City		85 Zip Code
Daniel de Marie de Calendario	10			•	
or registered agent, or pot	л. приозывоствин	ia. Such chance was altinon	zed by the corporation's bod	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its registered off
familiar with, and accept the	ne obligations of, Section	on 607.0505, Florida Statute	s.	and the same of th	on the standard of the standar
	uled same of neuropeout about a	and tills if government //ki	OTE Bookbard Appet provider		
Signar ire itypind or pr	oted name of registered agent in		OTE Registered Agent signature require 13.		DATE CERS AND DIRECTORS IN 12
Signar nei typing er pr			OTE Registered Agent signature require 13. 1.1 TiTLE	ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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TYPED OR PRINTID NAME OF SIGNING OFFICER OR DIRECTOR

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