FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 22 PM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000013512 (6)**

1. Corporation Name
VETERAN FINANCE CENTER, INC.

Principal Place of Business	Mailing Address
11033 CATHEL ROAD BERLIN MD 21811	11033 CATHEL ROAD BERLIN MD 21811

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 84 Cunningham Dr	26 84 Cunningham Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Smyrna Bch., FL	City & State 28 New Smyrna Bch., FL
Zip / Country 24 32168 / 25 USA	Zip / Country 29 32168 / 30 USA

4. FEI Number: 58-2100097 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMES M. KOSMAS, P.A. 111 LIVE OAK STREET NEW SMYRNA BEACH FL 32168	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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MANNING, MICHAEL J	1.2 NAME	
STREET ADDRESS	11033 CATHEL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN MD 21811	1.4 CITY-ST-ZIP	
TITLE	~~D~~	2.1 TITLE	XX Change ☐ Addition
NAME	~~KOSMAS, NICHOLAS G~~	2.2 NAME	
STREET ADDRESS	~~P.O. BOX 2092~~	2.3 STREET ADDRESS	REMOVE
CITY-ST-ZIP	~~NEW SMYRNA BEACH FL 32169~~	2.4 CITY-ST-ZIP	
TITLE	Secretary	3.1 TITLE	☐ Change XX Addition
NAME	Barbara J.L. Manning	3.2 NAME	Secretary
STREET ADDRESS	84 Cunningham Dr New Smyrna, FL32168	3.3 STREET ADDRESS	Barbara J.L. Manning
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Same
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael J. Manning 5-5-95 904-426-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486700 FN