

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000020343 (7)

1. Corporation Name

FORTUNE FINANCIAL SERVICES, INC.



Principal Place of Business

13992 W HILLSBOROUGH AVE
TAMPA FL 33635

Mailing Address

13992 W HILLSBOROUGH AVE
TAMPA FL 33635

3. Date Incorporated or Qualified
03/16/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 12828 Royal George Ave

Suite, Apt. #, etc.

22

City & State

23 Odessa, FL

Zip

24 33556

Country

25 USA

2a. Mailing Address

25 12828 Royal George Ave

Suite, Apt. #, etc.

27

City & State

28 Odessa, FL

Zip

29 33556

Country

30 USA

4. FEI Number

59-3246362

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

9. Name and Address of Current Registered Agent

KELLIN, DOUGLAS W
13992 W HILLSBOROUGH AVE
TAMPA FL 33635

10. Name and Address of New Registered Agent

81

Name
Kellin, Douglas W

82

Street Address (P.O. Box Number is Not Acceptable)
12828 Royal George Ave

83

84

City
Odessa

FL

85

Zip Code
33556

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]

Douglas W. Kellin

(Print Name of Registered Agent and Title if Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KELLIN, DOUGLAS W
STREET ADDRESS 13992 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33635 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Kellin, Douglas W
1.3 STREET ADDRESS 12828 Royal George Ave
1.4 CITY-ST-ZIP Odessa, FL 33556 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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] *Douglas W. Kellin*

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

Date

Daytime Phone #

CR2E034 (12/95)