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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90011 039 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000024772**1. Corporation Name

AZTEC FINANCIAL INC.

Principal Plac	e of Business	Mailing Address			
8129 BRETON	CIRCLE	8129 BRETON CIRCLE			
FT. MYERS FL		FT. MYERS FL 33912		·	
		•		DO NOT WRITE IN THIS SPA	ACE ;
}				3. Date Incorporated or Qualifed 03/28/1994	A
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0485362	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			\$	8.75 Additional	
22			5. Certifcate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing S5.00 May Be		\$5.00
<u> </u>		28			Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangil	
<u> </u>	25	⊢ `	30		Yes □No
24	9. Name and Address of Current	11	30	10. Name and Address of New Registered Age	
	5. Name and Address of Current		81 Name		
ROP	PS, LINDA	no Extragal Control of the Control o	O Name		
AZ 38129 BRETON CIRCLE			82 Stree	et Address (P.O. Box Number is Not Acceptable)	***
FT. MYERS FL 33912				TO ALL THE MENT OF THE PARTY OF	1011 1011 1011
] [MIENO FL 33912		83		
1 .		* * * * * * * * * * * * * * * * * * *	84 City	8/ 1/7/10/2004 3 8/ 8/20/ 4/20/	5 Zip Code
2440 0 2524	ALL AND AND ADDRESS OF THE ADDRESS O	energy to the		FL ~	
11., Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-name	ed corporation submits this statement for the purpose of char	nging its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida: Such change was au ons of, Section 607,0505, Flori	thorized by the cor da Statutes.	rporation's board of directors. I hereby accept the appointme	ent as registered
	in fairmar that, and accopy the congula				
SIGNATURE	Signature, typed or printed name of registered agent	and title if conficable (NOTE:	Registered Agent signatur	re required when reinstating) DATE	:
	Signature, types or printed frame or registered agent	atio ulie ii applicable. (1901).	redictored a don't pid upra-		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
12. TME				ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12 Change Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE