FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000038731

1. Corporation Name

A.P.S. Financial Services Inc.
2699 Stirling Road Ste. 407C
Fort Lauderdale, FL. 33312

Principal Place of Business / Mailing Address

3127 W. Hallandale Beach Blvd. Ste. 102
Hallandale, FL. 33009

3. Date Incorporated or Qualified: May 12, 1994
3a. Date of Last Report: NA

2. Principal Place of Business
21: 3127 W. Hallandale Bch. Blvd
22 Suite, Apt. #, etc.: #102
23 City & State: Hallandale, Florida
24 Zip: 33009
25 Country: U.S.A

2a. Mailing Address
26: 3127 W. Hallandale Bch Blvd
27 Suite, Apt. #, etc.: #102
28 City & State: Hallandale, Florida
29 Zip: 33009
30 Country: U.S.A

4. FEI Number: 65-0489073 ☐ 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

Paul P. Bettan
2699 Stirling Road Ste. 407C
Fort Lauderdale, FL 33312

10. Name and Address of New Registered Agent

81 Name: Paul P. Bettan
82 Street Address (P.O. Box Number is Not Acceptable): 3127 W. Hallandale Beach Blvd.
83: Suite 102
84 City: Hallandale **FL** 85 Zip Code: 33009

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] PRESIDENT 4/19/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Paul P. Bettan
STREET ADDRESS: 3127 W Hallandale Bch Blvd#102
CITY-ST-ZIP: Hallandale, FL 33009

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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)(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] PRESIDENT 4/19/95 305 989-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #