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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90250 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P94000028731								
1. Corporation Name A.P.S. FINANCIAL SERVICES INC.								
Principal Place of Business 1860 N. PINE ISLAND ROAD 112 PLANTATION FL 33322 US			Mailing Address 12004 SW 9TH MANOR DAVIE FL 33324 US					
2. Principal Place of Business 21 3101 SW 10TH ST Suite, Apt. #: etc. 22 City & State 23 Pompano Beach, FL Zip Country 24 33069 25 USA		2a. Mailing Address 26 3101 SW 10TH ST Suite, Apt. #: etc. 27 City & State 28 Pompano Beach, FL Zip Country 29 33069 30 USA		3. Date Incorporated or Qualified 04/12/1994				
4. FEI Number 65-0489073		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
9. Name and Address of Current Registered Agent BETTAN, PAUL P 1860 N PINE ISLAND ROAD 3112 PLANTATION FL 33322			10. Name and Address of New Registered Agent 81 Name PAUL P BETTAN. 82 Street Address (P.O. Box Number is Not Acceptable) 3101 SW 10TH STREET 83 84 City Pompano Beach FL 85 Zip Code 33069					
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME BETTAN, PAUL P STREET ADDRESS 2699 STIRLING RD. CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME BETTAN, PAUL P. 1.3 STREET ADDRESS 3101 SW 10TH STREET. 1.4 CITY-ST-ZIP POMPA NO, BEACH FL 33069 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99 (954) 917-2499

CR2E034 (11/98)