

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 # P94000030552 (1)

1. Corporation Name

STENTON LEIGH FINANCIAL SERVICES CORP.



Principal Place of Business

2650 MILITARY TRAIL
#230
BOCA RATON FL 33431
US

Mailing Address

2650 MILITARY TRAIL
#230
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1900 Corporate Blvd.

26 1900 Corporate Blvd.

4. FEI Number 65-0484641

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24 Zip

29 Zip

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBAROSH, MILTON H
2650 MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1900 Corporate Blvd.

84 Suite 305-West

85 City

Boca Raton, FL FL

86 Zip Code

33431

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 of person or firm of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBAROSH, MILTON H	
STREET ADDRESS	2650 MILITARY TRAIL, SUITE 250	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUPPO, HOWARD	
STREET ADDRESS	17062 FOXBOROUGH LANE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JULLERAT, LYNN	
STREET ADDRESS	2650 MILITARY TRAIL, SUITE 250	
CITY - ST - ZIP	BOCA RATON FL 33431	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1900 Corporate Blvd., Ste. 305W
1.4 CITY - ST - ZIP	Boca Raton, FL 33431
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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.H. BARBAROSH

2/6/96

407-241-9921

Date

Daytime Phone #

CR2E034 (12/95)