FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030784 (0)

ASSOCIATED FINANCIAL SERVICES, INC.

FILED Mar 17 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address					
STE. A LECANTO FL 3	REL TREE AVE.	STE. A LECANTO FL 34461-9734	ECANTO FL 34461-9734				
US		US		3. Date Incorporated or Qualified 04/22/1994			
	ace of Business	2s, Mailing Address			4, FEI Number		Applied For
Suite, Apt. 4	H oto	Suite. Apt #, etc.			57-4202562		Not Applicable
22	, 610.	27 Suite, Apr. #, etc.			5. Cortificate of Status Desired		.75 Additional ee Required
City & State		City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for in		nder s. 199.032,
24	25	29	30			Yes No	
TALL	 Name and Address of Current EY, HERBERT W JR. 	uehisteten wäeltt	81	Name	10. Name and Address of New Reg	Jistereu Agent	
	I-A N. SQUIRREL TREE AVE.						
	ANTO FL 34461		82 Street Ad		ress (P.O. Box Number is Not Acceptab	ic)	
200,			83				OTTO OF PROFESSION, AND AND RESTOR THE MARKING LABORIES AND TRANS
			84	City		loe l	Zip Code
			6.	City		FL 85	zip code
SIGNATURE 12.		t and the diving Lable (No. DIRECTORS	13.	jent signature requi	acd when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	P	Deteri.	1.1 1010E			☐ Cr	
NAME	TALLEY, HERBERT W JR.	_	1.2 NAME				
STREET ADDRESS	1704-A N. SQUIRREL TREE AV	Ł.		1 AODRESS			
CITY-ST-ZIP TITLE	LECANTO FL ST	DELETE	14 CPY - 21 THLE	S1 - 7IP		☐ Ch	nange Addition
NAME	TALLEY, LORETTO A		2.2 NAME				lange C Addition
STREET ADDRESS	1704-A N. SQUIRREL TREE AV	E .		T ADDRESS			
CITY-ST-ZIP	LECANTO FL	•	2 4 CITY	İ			
TITLE		DELETE	3 1 1 I I I I			Ct	nange Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DETTE	3.4. CHY-	ST-ZIP		☐ CH	nange Addition
NAME		LJ DOTT IC	4.1 IIILL 4.2 NAMI				range [] Adoktott
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5 1 1ITLE		The second secon	☐ Ch	nange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP		DELLTE	5.4 CITY-	\$1 - 70F		☐ Ct	nanga Addition
TITLE		[] DUTULE	6.1 TITLE			∟ Մ	nange Addition
NAME STREET ADDRESS			62 NAME	LADDRES\$			
CITY-ST-ZIP			6.4 CITY -				
	v certify that the information supplied	with this filing does not our			d in Section 119.07(3)(i), Florida Statutes	s I further certif	v that the

Too hefeby Certify that the information supplied with this filling does not quality for the exemption stated in Section 1.19.07(5)(i), Fronce statutes. I further certify that one 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 13 if granged or on an attachment with an oddress.