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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1<del>9</del>98



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	NANCIAL, INC.	043473 (5)			
Principal Place of B		Mailing Address		1 1001001 110 1011 1011 1011 1011	41 Ebin pibes init kran tappa itit isa.
1315 8 HOWARD A	VE	1315 S HOWARD AVE		}	
SUITE 102 TAMPA FL 33606		SUITE 102 TAMPA FL 33606		DO NOT WRITE	E IN THIS SPACE
US		US		3. Date Incorporated or Qualified	
				06/06/1994	
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite And # etc		Suite, Apt #, etc.	·	59-3247995	Not Applicable  \$8.75 Additional
Suite, Apt. #, etc	801	27 201	/	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
ra]		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
4	25	29	30	Personal Property Tax due June	
9.	Name and Address of Current	Registered Agent	81 Name <	10. Name and Address of New Re	gistered Agent
TAMPA	rc 330 <del>00</del>	ate	82 Street Adr. 83 84 City	ress (P.O. Box Number is Not Acgepta)  Tampa	FL 85 Zip Code 0 9
office or regist agent. I am ar SIGNATURE	and agout of both, in the State	of Florida. Such change was a trus of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	poration subject this statement for the particular subjection's board of directors. I hereby acceptions	pt the appointment as registered
(Jan. 1)	ular, typlid or printed name of result of the in-		- Registered Agent signature requ		DAY
12.	OF LICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12  Change Addition
TITLE P		F™ nert ic	1.1 TITLE 5	1110 0. 0	L Change A Modition
	arris, ed 115 south howard ave s	HITE 100	1.3 STREET ADDRESS	HENZ, VAMELO	~
	MPA FL	OHE TOZ	1.4 CITY-ST-ZIP	2807 - W PIRT	JF4. 33609
TITLE	AM WIF	DELETE	21 TITLE	- i a vajia,	☐ Change ☐ Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS	<u>.</u>	2.774
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T printe	3 4. CiTY-ST-7iP		Change Addition
TITLE		☐ DEFELE	4.1 TITLE		L Change L Addition
NAME OTDEST ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - ZIP		
14. I hereby certify Indicated on the officer or direct Block 12 or Block	rthal the information supplied with is annual report or supplemental for of the corporation or the recur- ock 13 if changed, or on an attage	h this filing does not qualify for annual report is true and ac- ver at trust to en adverse to e incompand an address	the exemption stated in urate and that my signal execute this report as rec	n Section 119.07(3)(i), Florida Statutes. I ure shall have the same legal effect as i quired by Chapter 607, Florida Statutes;	further certify that the information f made under oath; that I am an and that my name appears in \$12