

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P9400060245 (5)**

1. Corporation Name

**MCCORMICK FINANCIAL SERVICES, INC.**

Principal Place of Business

% 2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Mailing Address

% 2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1994

3a. Date of Last Report

2. Principal Place of Business

21 14120 N.W. 7 Ave.

2a. Mailing Address

26 14120 N.W. 7 AVE

4. FEI Number

65-0512004

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

Suite, Apt. #, etc.

22 A

Suite, Apt. #, etc.

27 A

City & State

23 MIAMI FL.

City & State

28 MIAMI, FL

Zip

24 33168

Country

25 DADE

Zip

29 33168

Country

30 DADE

9. Name and Address of Current Registered Agent

**KLAPHOLZ, JOSEPH  
2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 DP  
NAME KERZER, STEVE  
STREET ADDRESS 9541 N.W. 27TH AVE.  
CITY - ST - ZIP MIAMI FL 33147

TITLE DS  
NAME ATKINS, JOHN  
STREET ADDRESS 9541 N.W. 27TH AVE.  
CITY - ST - ZIP MIAMI FL 33147

TITLE DVT  
NAME DUCHMA, YOSSEI  
STREET ADDRESS 9541 N.W. 27TH AVE.  
CITY - ST - ZIP MIAMI FL 33147

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP  Change  Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP  Change  Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP  Change  Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP  Change  Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP  Change  Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

305 769-3111