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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000066084 (2)**

1. Corporation Name

MID FLORIDA FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

**9300 S DADELAND BLVD #209
MIAMI FL 33156**

**9300 S DADELAND BLVD #209
MIAMI FL 33156**

2. Principal Place of Business

2a. Mailing Address

21 **334 EAST GRAVES AVE.**

26 **334 EAST GRAVES AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **ORANGE CITY, FLORIDA**

28 **ORANGE CITY, FLORIDA**

Zip

Country

Zip

Country

24 **32763**

25 **U.S.A.**

29 **32763**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, RONALD K CPA
9300 S DADELAND BLVD #209
MIAMI FL 33156**

81 Name **ROBERT C. BROWN**

82 Street Address (P.O. Box Number is Not Acceptable)
334 EAST GRAVES AVENUE

83

84 City **ORANGE CITY**

FL

85 Zip Code
32763

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

Robert C. Brown
Signature, typed or printed name of registered agent and title if applicable

ROBERT C. BROWN, PRES.

4/16/96

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** **XX DELETE**
NAME **PADRON, MARILYN**
STREET ADDRESS **2048 SW 61ST AVE**
CITY-ST-ZIP **MIAMI FL 33155**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **BROWN, ROBERT C.**
STREET ADDRESS **334 EAST GRAVES AVENUE**
CITY-ST-ZIP **ORANGE CITY, FL. 32763**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **BROWN, ROBERT C.**
2.3 STREET ADDRESS **334 EAST GRAVES AVENUE**
2.4 CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE: *Robert C. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. BROWN, PRES. 4/16/96 (904)775-1164

DATE

DAYTIME PHONE #

CR2E034 (12/95)