

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90140 023 \*\*\*150.00

DOCUMENT # **P94000072889**

1. Corporation Name

**COLE-RUIZ FINANCIAL SERVICES, INC.**



Principal Place of Business

**9753 S. ORANGE BLOSSOM TRAIL**  
**#202 208**  
**ORLANDO FL 32837**  
**US**

Mailing Address

**9753 S. ORANGE BLOSSOM TRAIL**  
**#202 208**  
**ORLANDO FL 32837**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/30/1994**

4. FEI Number

**59-3271487**

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 owes the current year Intangible  
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

**21 9753 S. ORANGE BLOSS TR**  
Suite, Apt. #, etc.  
**22 #208**

**23 ORLANDO FL**  
City & State

**24 32837** **25 USA**  
Zip Country

2a. Mailing Address

**26 9753 S. ORANGE BLOSS TR**  
Suite, Apt. #, etc.  
**27 208**

**28 ORLANDO FL**  
City & State

**29 32837** **30 USA**  
Zip Country

9. Name and Address of Current Registered Agent

**COLE, JAMES V**  
**9753 S. ORANGE BLOSSOM TRAIL, #202**  
**#202 208**  
**ORLANDO FL 32837**

10. Name and Address of New Registered Agent

**81 Name COLE, JAMES V**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**9753 S. ORANGE BLOSS TR**  
**83 #208**  
**84 City ORLANDO FL** **85 Zip Code 32837**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE P** ☐ DELETE  
**NAME COLE, JAMES V**  
**STREET ADDRESS 9753 S. ORANGE BLOSSOM TRAIL, #202**  
**CITY-ST-ZIP ORLANDO FL**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE P** ☒ Change ☐ Addition  
**12 NAME COLE, JAMES V**  
**13 STREET ADDRESS 9753 S. ORANGE BLOSS TR #208**  
**14 CITY-ST-ZIP ORLANDO FL 32837**

**21 TITLE** ☐ Change ☐ Addition  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY-ST-ZIP**

**31 TITLE** ☐ Change ☐ Addition  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY-ST-ZIP**

**41 TITLE** ☐ Change ☐ Addition  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY-ST-ZIP**

**51 TITLE** ☐ Change ☐ Addition  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY-ST-ZIP**

**61 TITLE** ☐ Change ☐ Addition  
**62 NAME**  
**63 STREET ADDRESS**  
**64 CITY-ST-ZIP**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES V. COLE, PRES.** **3/15/99** **407-240-6514**  
**JAMES V COLE**

CR2E034 (11/98)