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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000079991 (3)**

1. Corporation Name

ALLIED FINANCIAL, INC.



Principal Place of Business

Mailing Address

**10786 CHARLESTON PL
COOPER CITY FL 33026**

**10786 CHARLESTON PL
COOPER CITY FL 33026**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

g. Name and Address of Current Registered Agent

**SOLOMON, JOEL
10786 CHARLESTON PL
COOPER CITY FL**

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 601.02(2) and 601.15(6), 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 607.01(4), Florida Statutes.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

SIGNATURE OF OFFICER OR DIRECTOR

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLOMON, JOEL
STREET ADDRESS	10786 CHARLESTON PL
CITY-STATE-ZIP	COOPER CITY FL 33026
TITLE	ST
NAME	NEUSCHATZ, NEIL
STREET ADDRESS	12084 SW 15TH ST
CITY-STATE-ZIP	PEMBROKE PINES FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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13.

11 NAME	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I do hereby certify that the information supplied to, from, or by, or 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 is a true and correct statement of the facts as they are, 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 registered agent or trustee in power. I have signed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am not in agreement with an article below.

SIGNATURE:

Joel Solomon, President 3/27/96 3054316432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)