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

## PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000084267 (1)

FINANCIAL ADVISORY SERVICES, INC.

Principal Place of Business		Mailing Address				j 1 m etinest 140 anati ateli emist anist antii buius fatii i	STORE TUBLO OTTEN STANDARD
4955 CROSS CREEK ROAD SARASOTA FL 34231		4955 CROSS CREEK ROAD SARASOTA FL 34231			DO NOT WRITE IN THIS S	PACE	
US							
						3. Date Incorporated or Qualified	
						11/17/1994	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0528926	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country 25	Zip Country 30			İ	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible ] Yes : □ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEFICK, ELSIE			81	Name 13/	arry Knoth		
4955 CROSS SARASOTA F					ss (P.O. Box Number is Not Acceptable)		
			83	4477 51/675 51/675			
				_ [		ryson FL	85 Zip Code 3 4 Z 3 /
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.							
12/2/20							

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE ☐ Change NAME SEFICK, ELSIE 1.2 NAME 4955 CROSS CREEK RD STREET ADDRESS 1.3 STREET ADORESS SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VP PEGGY KNOTH 2.2 NAME NAME 4955 Cross creek Rd STREET ADDRESS 2.3 STREET ADDRESS sarisota, fl 34231 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition | TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

12/31/97

**FILED** 

Jan 16 1998 8:00am

Secretary of State

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Daytime Phone # 0450579