FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:38

DOCUMENT # **P94000091699 (6)**

1. Corporation Name

ALTERNATIVE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3402 TALLY CT. TAMPA FL 33618	3402 TALLY CT. TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report: 1ST

2. Principal Place of Business	21 2602 E. BUSCH BLVD.	2a. Mailing Address	26 2602 E. BUSCH BLVD.
Suite, Apt. #, etc	22 B	Suite, Apt. #, etc.	27 B
City & State	23 TAMPA, FL	City & State	28 TAMPA, FL
Zip / Country	24 33612 / 25 HILLSBOROUGH	Zip / Country	29 33612 / 30 HILLSBOROUGH

4. FEI Number: 59-3295432 ☐ 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

9. Name and Address of Current Registered Agent

MAGORIEN, GREGORY J
3402 TALLY CT.
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Gregory J Magorien — GREGORY MAGORIEN (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE: 3/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MAGORIEN, GREG	12 NAME		
STREET ADDRESS	3402 TALLY CT.	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	TREASURER	☐ Change ☒ Addition
NAME	POWANDA, KEITH	22 NAME		
STREET ADDRESS	3402 TALLY CT.	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	POWANDA, MONICA	32 NAME		
STREET ADDRESS	3402 TALLY CT.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Gregory J Magorien — 3/25/95 (Date) — (813)935-4824 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

000041 FP