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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000007714 (5) ✓**

1. Corporation Name

SUSA FINANCIAL, INC.

Principal Place of Business

Mailing Address

378 WHOOPING LOOP STE
ALTAMONTE SPRINGS FL 32701

378 WHOOPING LOOP
ALTAMONTE SPR, FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 393 Whooping Loop

26 393 Whooping Loop

4. FEI Number

59-3299518

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1457

27 1457

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

City & State

23 ALTAMONTE SPR, FL

28 ALTAMONTE SPR, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 32701

25 USA

29 32701

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Ellen Marino

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

393 Whooping Loop

83

Suite 1457

84 City

Altamonte Springs, FL

85 Zip Code

32701

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

Ellen Marino

4/28/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME SYLVIA GOLDEN
STREET ADDRESS 3787 Whooping Loop
CITY-ST-ZIP Altamonte Spr, Fl 32701

1.1 TITLE **D, P** ☐ Change ☒ Addition
1.2 NAME ELLEN MARINO
1.3 STREET ADDRESS 393 Whooping Loop, Ste 1457
1.4 CITY-ST-ZIP Altamonte Spr, Fl 32701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

Ellen Marino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

407-339-9155

Daytime Phone