## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

-	1996	DIVISION OF	CORPORATIONS	
DOCUN 1. Corporation	MENT # <b>P950</b>	00019828 (9	)	
	ON FINANCIAL SERVICE	S, INC.		
Principal Place	of Business	Mailing Address		
9214 B2ND WAY LARGO FL 34647		9214 82ND WAY LARGO FL 34647		
				3. Date incorporated or Qualified 3a. Date of Last Report 03/08/1995
2. Principal Pla	ice of Business	2a. Mailing Adoress		4. FEI Number Applied For
1		26		593 30 8793 Not Applica
Suite, Apt. #	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired \$8.75 Additional
City & State	and the second and a second	City & State		Fee Required  6. Election Campaign Financing \$5.00 May Be
3		28		Trust Fund Contribution Added to Fees
Zρ	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
4	25 9. Name and Address of Cur	[29]	[30]	Florida Statutes Yes No  10 Name and Address of New Registered Agent
	g. Halike and Address of Odi	rent neglistered Agent	81 Name	IV. Name and Address of New Registered Agent
PARAPON, PERRY			82 Street Add	ress (P.O. Box Number is Not Acceptable)
9214 82ND WAY LARGO FL 34647				
			83	
			84 City	FL 85 Zip Code
SIGNATURE /	h, and accept the obligations of, S Stylet are lived to probabilities of registered a	caren	t. Exceptional Agent signature require	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1. 1 11TLF	Change Add file
NAME	PARAPON, PERRY		1.2 NAME	
STREET ADDRESS	9214 82ND WAY		1.3 STREET ADDRESS	
CHTY - ST - ZIP	LARGO FL 34647	☐ DELETE	1.4 CITY - ST - 7IP	
TIFLE NAME	PARAPON, CHERYL	[,] [/[[[	2 1 TITLE 22 NAMÉ	Change Addition
STHEET ADDRESS	9214 82ND WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647		2.4.0(T* ST ZIP)	
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NAME			3 2 NAMÉ	
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NAME			€ 2 NAME	
STREET ADDRESS			6.3 STHEFT ADDRESS	
CITY-ST-2IP		and the second s	64 CHY-SI-ZIF	

4. 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplierizental 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 OR PRINTED HAME OF SIGNING OFFICER OF GIRECTOR

3/1/96 813 3987261

CR2E034 (12/05)