FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000026999 (9)**

1. Corporation Name

FINANCIAL RESOURCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
1220 DOUGLAS AVE SUITE 201- 203 LONGWOOD FL 32779	1220 DOUGLAS AVE SUITE 201 - 203 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 04/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1220 Douglas Ave.
Suite, Apt. #, etc.
27 Suite 201-203
City & State
28 Longwood, FL
Zip 29 32779 Country 30

4. FEI Number: 59-3306654 ☐ 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

WAKEFIELD, S. CRAIG
1400 W OAK ST
SUITE A
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Antin, Anthony M
82 Street Address (P.O. Box Number is Not Acceptable): 537 One Center Parkway
83 Unit #116
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: Anthony M. Antin   DATE: 4/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	ANTIN, ANTHONY M	
STREET ADDRESS	1220 DOUGLAS AVE SUITE 201	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVST	☒ Change ☐ Addition
1.2 NAME	Antin, Anthony M	
1.3 STREET ADDRESS	537 One Center Parkway, Unit# 116	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
2.1 TITLE	PP	☐ Change ☒ Addition
2.2 NAME	Finberg, Ian Lee	
2.3 STREET ADDRESS	5001 Foxfire Lane	
2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Graw, David P	
3.3 STREET ADDRESS	1101 Radford Drive	
3.4 CITY-ST-ZIP	Daltona, FL 32738	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: I. Lee Finberg   I. Lee Finberg, President   4/8/96   407-774-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)