

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000026999 (9)

1. Corporation Name  
FINANCIAL RESOURCE SYSTEMS, INC.

Principal Place of Business

Mailing Address

1220 DOUGLAS AVE  
SUITE 201  
LONGWOOD FL 32779

1220 DOUGLAS AVE  
SUITE 201-203  
LONGWOOD FL 32779  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ANTIN, ANTHONY M  
537 ONE CENTER PARKWAY UNIT 116  
SUITE A  
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified

04/03/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVST	<input type="checkbox"/> DELETE
NAME	ANTIN, ANTHONY M	
STREET ADDRESS	537 ONE CENTER PARKWAY UNIT 116	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>FINDERG, IAN LEE</del>	
STREET ADDRESS	<del>5001 FOXFIRE LANE</del>	
CITY-ST-ZIP	<del>LAKE MARY FL</del>	

as of 4/4/98

TITLE	V	<input type="checkbox"/> DELETE
NAME	ORAW, DAVID P	
STREET ADDRESS	1101 RADFORD DRIVE	
CITY-ST-ZIP	DELTONA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST Anting Anthony M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	537 One Center Parkway Unit 116	
1.3 STREET ADDRESS	Altamonte Springs, FL	
1.4 CITY-ST-ZIP		

9/6 4/4/98

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)