

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90172 019 ***150.00

DOCUMENT #P95000026999

1. Corporation Name

FINANCIAL RESOURCE SYSTEMS, INC.



Principal Place of Business

Mailing Address

1220 DOUGLAS AVE
SUITE 201
LONGWOOD FL 32779

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SUITE 201
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

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 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

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

81 Name

ANTIN, ANTHONY M.

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

197 RANDON TERRACE

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE DPST ☐ DELETE

NAME ANTIN, ANTHONY M

STREET ADDRESS 537 ONE CENTER PKWY, UNIT 116

CITY-ST-ZIP ALTAMONTE SPRINGS FL

1.1 TITLE

PRESIDENT SECT. TREAS

1.2 NAME

ANTIN, ANTHONY M.

1.3 STREET ADDRESS

197 RANDON TERRACE

1.4 CITY-ST-ZIP

LAKE MARY, FL 32746

TITLE DP ☒ DELETE

NAME FINBERG, IAN LEE

STREET ADDRESS 5001 FOXFIRE LANE

CITY-ST-ZIP LAKE MARY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME GRAW, DAVID P

STREET ADDRESS 1401 RADFORD DRIVE

CITY-ST-ZIP DELTONA FL

3.1 TITLE

EXECUTIVE V.P.

3.2 NAME

DAVID P. GRAW

3.3 STREET ADDRESS

521 TRADEWINDS DR

3.4 CITY-ST-ZIP

DELTONA, FL. 32738

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

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:

Anthony M. Antin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99 407-776-7767
Date Daytime Phone #

CR2E034 (11/98)