

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 # **P95000031017 (3)**

1. Corporation Name
HOPE FINANCIAL SERVICES, CORP.



Principal Place of Business: **34 ALLAMANDA AVE. KEY WEST FL 33040**
Mailing Address: **34 ALLAMANDA AVE. KEY WEST FL 33040**

3. Date Incorporated or Qualified: **04/20/1995**
3a. Date of Last Report: **N/A**

21. Principal Place of Business 1550 Madruca Ave.	2a. Mailing Address 1111 12th St.	4. FEI Number 65-0574856	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. Suite 500	27. Suite, Apt. #, etc. Suite 112	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Coral Gables Fl.	28. City & State Key West, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33146	25. Country USA	29. Zip 33040	30. Country USA

9. Name and Address of Current Registered Agent CAPITAL CONNECTION 417 E. VIRGINIA STREET SUITE 1 TALLAHASSEE FL 32301	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
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	D LOCKWOOD, JOHN M 34 ALLAMANDA AVE. KEY WEST FL 33040	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Lockwood, Karen A
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	34 Allamanda Ave
CITY-STATE-ZIP:		1.4 CITY-STATE-ZIP:	Key West, Fl. 33040
TITLE: <input type="checkbox"/> DELETE	P Lockwood, Karen A	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2.2 NAME:	
STREET ADDRESS:	34 Allamanda Ave	2.3 STREET ADDRESS:	
CITY-STATE-ZIP:	Key West, Fl. 33040	2.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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: *John M. Lockwood* **John M. Lockwood pres/sect.** 2/15/96 305-294-5103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)