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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

1. Corporatio	FINANCIAL SERVICES, IN	C.)			
Principal Place of Business		Mailing Address		A seember sie ibier frut destr derri entre entre entre	1619 11616 16149 18416 1611 1691	
12945 SEMINOLES BLVD. (2-1)		12945 SEMINOLES BLVD. (2-1)				
LARGO FL 33778		LARGO FL 33778		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					07/01/1995	
2. Principal Place of Business		2a. Maiting Address		4, FEI Number	Applied For	
21		26		59-3323704	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & State	<u> </u>	City & State	City & State			Fee Required
23	U	<u></u>	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(p	· · · · · · · · · · · · · · · · · · ·		This corporation owes or has paid the current year Intaggible	
24	25 29		30			— · •—
	9. Name and Address of Curr	ent Registered Agent		- 1	10. Name and Address of New Registered	
	ies, William		8	1 Name		FORMS
12945 SEMINOLES BLVD. (2-1)				2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
LARGO FL 33778			8:			
			8	3		
			8	6 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named oc						
l office or ri	egistered agont, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such charige was	s authorized b	ov the corporat	ion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE	Signature, typed or printed name of requirered a	agent and to elif applicable (NC	Olf Registered A	nent signature regur	ed when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PD		1.1 TITLE			Change Addition
NAME SINES, WILLIAM			1.2 NAM8			Ì
STREET ADDRESS 12945 SEMINOLES BLVD. (2-1)		2-1)	1.3 STREE	T ADDRESS		į,
CITY-ST-ZIP	LARGO FL 33778		1.4 CITY	S1- ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	VD DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	SINES, PAMELA A		2.2 NAME			
STREET ADDRESS 12945 SEMINOLES BLVD. (2- CITY-ST-ZIP LARGO FL 33778		2-1)		1 ADDRESS		†
CITY-ST-ZIP TITLE	ENIGOTE 33110	DELETE	2. 4 CITY 3.1 TITLE	- S1 - ZIP		Change Addition
NAME	EJ VIIII		3.2 NAME			المانوس ني دو ني
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4 CITY			
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4 2 NAMI	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 C(1)Y-	ST-ZIP		
TITLE	DELETE		5.1 TITLE		· 	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		Change 1 4232
TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME STORES ADODESS			6.2 NAME			
STREET ADDRESS			i i	1 ADDRESS		
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify	for the exemi		Section 119.07(3)(i). Florida Statutes. I further of	Sertify that the information

indicated on this armust reported or supplied with this litting does not quarry for the exemption stated in Section 119.07(5)(i), Florida Statutes. Further certify that the information indicated on this armust report or suppliermental 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.