

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90029 003 ***150.00

DOCUMENT # P95000053633

1. Corporation Name

CFO FINANCIAL SERVICES, INC.

Principal Place of Business

12920 AUTOMOBILE BLVD.
SUITE 100
CLEARWATER FL 33762
US

Mailing Address

12920 AUTOMOBILE BLVD.
SUITE 100
CLEARWATER FL 33762
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1995

4. FEI Number

59-3341495

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

CONROY, MICHAEL P
12920 AUTOMOBILE BLVD.
SUITE 100
CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name CONROY, MICHAEL P
82 Street Address (P.O. Box Number is Not Acceptable)
13575 58TH ST. N.
83 SUITE 182
84 City CLEARWATER, FL FL 85 Zip Code 33760

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

4/30/99

12. OFFICERS AND DIRECTORS

TITLE SD
NAME WURDEMAN, JAMES E
STREET ADDRESS 511 W. BAY ST., STE. 400
CITY-ST-ZIP TAMPA FL 33606

☒ DELETE

TITLE PD
NAME CONROY, MICHAEL P
STREET ADDRESS 12920 AUTOMOBILE BLVD.
CITY-ST-ZIP CLEARWATER FL 33762

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CONROY, MICHAEL P
1.2 NAME 13575 58TH ST. N. PD
1.3 STREET ADDRESS SUITE 182
1.4 CITY-ST-ZIP CLEARWATER FL 33760

☒ Change

☐ Addition

2.1 TITLE GLASER, DAVID
2.2 NAME 13575 58TH ST. N. SD
2.3 STREET ADDRESS SUITE 182
2.4 CITY-ST-ZIP CLEARWATER, FL 33760

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

CR2E034 (1/98)