

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

5-1-96 8-6452-C

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000054854 (1)

1. Corporation Name

EXECUTIVE FINANCIAL CENTERS, INC.



Principal Place of Business

6400 MADISON STREET  
NEW PORT RICHEY FL 34652

Mailing Address

6400 MADISON STREET  
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified  
07/17/1995

3a. Date of Last Report  
8-95 (1st Report)

2. Principal Place of Business

21 6513 MASSACHUSETTS AVE.

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

4. FEI Number  
59-3324590

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

23 City & State  
NEW PORT RICHEY, FL.

27 City & State

24 Zip  
34653

25 Country  
USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SPENCE, MARK A  
6400 MADISON STREET  
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name None - Same  
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

Charon M. Bogner

12. Registered Agent's Signature (if not principal officer)

1-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BOGNER, CHARON  
STREET ADDRESS 11238 WOLF COURT  
CITY-STATE-ZIP NEW PORT RICHEY FL 34668

TITLE D ☐ DELETE  
NAME DOMBROWSKI, GARY  
STREET ADDRESS 8921 SKYMASTER DRIVE  
CITY-STATE-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE VICE PRESIDENT ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Charon M. Bogner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (813) 843-8722

CR2E034 (12/95)