

NOTICE: ALL CORPORATIONS WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05 1997 8:00am  
Secretary of State

DOCUMENT # P95000056070 (2)

1. Corporation Name

TEAM FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

4861 N DIXIE HIGHWAY  
FT LAUDERDALE FL 33334

4861 N DIXIE HIGHWAY  
FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified  
07/18/1995

3a. Date of Last Report  
1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0608346

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALANTE, LORI A  
4861 N DIXIE HIGHWAY  
FT LAUDERDALE FL 33334

81 Name

Alexander Shlyakhov

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

4861 N. Dixie Highway #

83

84 City

FT Lauderdale

FL

85 Zip Code

33334

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

*Alexander Shlyakhov*  
Signature of registered agent, and title if applicable

Alexander Shlyakhov  
(NOTE: Registered Agent signature required when reinstating)

4/25/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
PENNA, LAWRENCE T  
STREET ADDRESS 4861 N DIXIE HIGHWAY  
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME VD  
GALANTE, LORI A  
STREET ADDRESS 3306 MALLARD CLOSE  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME VICE PRESIDENT  
ALEXANDER SHLYAKHOV  
STREET ADDRESS 4861 N. DIXIE HWY  
CITY-ST-ZIP FT. LAUD. FL 33334

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lawrence T. Penna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence T. Penna 4/25/97 (954) 489 9294  
DATE Daytime Phone #