MOS750/STALLETTER TF.ANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

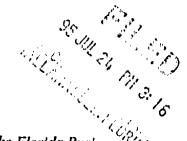
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SUBJECT:	ANNUITY	FINANCIAL	Services	INC
	(Proposed			

Enclosed is an original and one (1) copy of the artfor:	rticles of incorporation and a check		
Filing Fee Filing Fee & Certificate & Certified	ee Filing Fee.		
FROM: JACK SACKS Name (printed or type)			
Suite 170; 189	NW Spanish River Blue.		
**************************************	Boca Rox6~, FL 330 33431		
•	City, State & Zip		
407 - 362 Daytime Telephone nur			

NOTE: Please provide the original and one copy of the articles.





The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ANNUITY FINANCIAL Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Suite 170 185 N.W. Spanish River Blue Boca Raton, FL. 33431

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JACK SACKS Suite 170 185 NW Spanish River Blvo. BOCO Revon, FL. 33431

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
JACK SACKS
Suite 170 185 NW SPANISH River BlvD.
185 NW SPANISH 10125 0.1.
Boca Rator, FL 33431
ARTICLETY - OFFICERS AND DIRECTORS
ARTICLETU - OFFICERS AND DIRECTORS JACK SACKS IS President, Secretary, Treasurer (SAME ADDRESS AS Above)
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2 / day of
Jack Sarke
Signature
Signature
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/RFGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	ANNUITY KINANUAL Service
2.	The name and address of the regis	tered agent and office is:
		ACK SACKS
	Surte 17	(NAME) 10: 185 NW SPANISH RIVER BLUD KOT Mail Drop Box NOT ACCEPTABLE) Colon 1 FL 33431
	- Boca 1	Color FL 3343/
		• • • • • • • • • • • • • • • • • • • •

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE) (DATE)