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FILED

May 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000028938 (4)

1. Corporation Name

FINANCIAL DECISIONS WORKSHOPS, INC.

Principal Place of Business

611 W AZEELE ST  
TAMPA FL 33606-2205

Mailing Address

611 W AZEELE ST  
TAMPA FL 33606-2205



3. Date Incorporated or Qualified

03/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 238 East Davis Blvd.

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Tampa, Florida

Zip

Country

24 33606

2a. Mailing Address

26 238 East Davis Blvd.

Suite, Apt. #, etc.

27 Suite 205

City & State

28 Tampa, Florida

Zip

Country

29 33606

30 Hillsborough

4. FEI Number

59-3377114

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

10. Name and Address of New Registered Agent

BARNETT, SCOTT F  
611 W AZEELE ST  
TAMPA FL 33606-2205

81 Name

Scott F. Barnett

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

238 East Davis Boulevard

83

Suite 205

84 City

Tampa

FL

85 Zip Code

33606

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

Scott F. Barnett

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BARNETT, SCOTT F  
STREET ADDRESS 601A S OREGON  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott F. Barnett

4/29/97 813-251-3330

Date

Daytime Phone #

CR2E034 (9/96)