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FILED
May 08 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 # P96000037572 (0)

1. Corporation Name
CUSTOM FINANCIAL SOLUTIONS, INC.



Principal Place of Business
1706 ATLANTIC ST.
UNIT 3A
MELBOURNE BEACH FL 32951

Mailing Address
1706 ATLANTIC ST.
UNIT 3A
MELBOURNE BEACH FL 32951-2342

3. Date Incorporated or Qualified 04/26/1996
3a. Date of Last Report

2. Principal Place of Business
21 1360 South Patrick DR
Suite, Apt. #, etc.

2a. Mailing Address
26 1360 South Patrick DR.
Suite, Apt. #, etc.

4. FEI Number 59-3383618
Applied For
Not Applicable

22 City & State
23 SATELLITE BEACH FI

27 City & State
28 SATELLITE BEACH, FI

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 32937 25 USA

29 32937 30 USA

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

MURPHY, LESLIE R
1706 ATLANTIC ST. 1360 South Patrick Drive
UNIT 3A SATELLITE BEACH FI 32937
MELBOURNE BEACH FL 32951

81 Name
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 *Leslie R. Murphy* DATE 4/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / D	<input type="checkbox"/> DELETE
NAME	Leslie R. Murphy	
STREET ADDRESS	1360 South Patrick Drive	
CITY - ST - ZIP	SATELLITE BEACH FI 32937	
TITLE	VICE-PRESIDENT / D	<input type="checkbox"/> DELETE
NAME	JAMES Murphy	
STREET ADDRESS	1360 South Patrick Drive	
CITY - ST - ZIP	SATELLITE BEACH FI 32937	
TITLE	SECRETARY / D	<input type="checkbox"/> DELETE
NAME	DAVID MOODY	
STREET ADDRESS	216 ASH Avenue	
CITY - ST - ZIP	MELBOURNE BEACH FI 32951	
TITLE	TREASURER / D	<input type="checkbox"/> DELETE
NAME	JAMES HOLLISTER	
STREET ADDRESS	807 CHERRY DRIVE	
CITY - ST - ZIP	MELBOURNE BEACH FI 32951	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leslie R. Murphy* DATE 4/29/97 DAYTIME PHONE # 407-773-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR