FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

City & State

PROFIT CORPORATION ANNUAL REPORT

1998

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

E ROCKINGE REG ROKE OKAK OCCU EDIKI DERKI DELEK BUKA BULU DEGLE KICIK LODK LODK

Fee Required

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056427 (3)

THORNTON FINANCIAL CORPORATION

		i dangan ika adala nuli bark baka balu balu balu balu balu balu balu bal	D BIFIR ALAKA ILALI LABI IKA	
rincipal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE		
8406 NORTH CHEVALIER AVENUE SUITE M3 TAMPA FL 33604-2641	8406 NORTH CHEVALIER AVENUE Suite M3 Tampa Fl 33804-2641			
	THAT I I SOUPEST!	3. Date Incorporated or Qualified 07/01/1996		
Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo	
]	26	59-3395059	Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additions	

City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 4	Country 25	Zip 29	30 Co	intry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	int Registered Agent			10. Name and Address of New Registered Agent
	ORNTON, JAMES			81	Name
8408 NORTH CHEVALIER AVENUE SUITE M3		82	32 Street Address (P.O. Box Number is Not Acceptable)		
TAN	MPA FL 33604-2641			83	3
				84	14 City 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 Amiliar with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE	Huma WI mort		4121198				
Sijentive, typed or printed name if infustored agent and into it applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE //	P DELETE	1.1 TIFLE	Change Addition				
NAME	THORNTON, JAMES	1.2 NAME					
STREET ADDRESS	8406 NORTH CHEVALIER AVENUE., APT M-3	1.3 STREET ADDRESS					
CITY-ST-ZHP	TAMPA FL 33604-2641	1.4 CITY-ST-ZIP					
TITLE	V □ DELETE	21 TITLE	Change Addition				
NAME	KHARROVBI, KARIM	2.2 NAME					
STREET ADDRESS	4902 N. MACDILL., APT 1315	2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33614	2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	□ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CHTY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME	:				
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS	·	6.3 STREET ADDRESS					
CITY-ST-7IP		6.4 CITY-ST-ZIP					

I 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 13 if changed, or on an attachment with an address.