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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061253

1. Corporation Name

COLLEGE FINANCIAL AID ADVISORS, INC.

Princ	ipal Pla	ce of Busi
13821	JOYCE	DRIVE
LADO	1 El 33	774

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90012 018 ***150.00



Principal Plac	e of Business	Mailing Address		1101110	
13821 JOYCE DRIVE		13821 JOYCE DRIVE			
LARGO FL 337	74	LARGO FL 33774		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				07/22/1996	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3392346	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		\$8.75 Additional
22	. *	27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u>.</u>	Trust Fund Contribution	Added to Fees
Zip	Country	L Zip ←	Country	8. This corporation owes the current y	
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Regis	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name		* \
AME	RILAWYER CHARTERED			ICHARD C WID	<i>N</i>
	ALMERIA AVENUE		82 Street Add	ress (P.O. BoxtNumber is Not Acceptable)	e farme
	IAL GABLES FL 33134		83	62 03456 CA	<u> </u>
			84 City	M MCA	FL 85 スペップフル
44	the Abelian of Sections 607.0	2502 and 507 1509. Elorida Statutos	the above named com	poration submits this statement for the purp	
office or t	egistered agent or both in the Sta	ite of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the	appointment as registered
agent. i a	m familiar with, and accept the obl	igations of, Section 607.0505, Florid	la Statutes.	44/	3n/an
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE: F	legistered Agent signature require	red when reinstating)	ATE ATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WINN, RICHARD C		1.2 NAME		
STREET ADDRESS	LOCAL LOVOE DONE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		C Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE	}	☐ DELETE	5.1 TITLE 5.2 NAME		☐ cuange ☐ vadilion
NAME					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	6.2 NAME		Claude Cladino
NAME	1		V.C WHITE		

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 12 or Block 13 if changed, or on introducing 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 introducing 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 introducing 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS