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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000065728 (3)

MONTANA FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

3405 PINEWALK DRIVE NO STE 109 MARGATE FL 33069 3405 PINEWALK DRIVE NO STE 109

## FILED May 05 1997 8:00am Secretary of State

MARGATE FL \$3069		MARGATE FL 33063-7823			
				3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last Report
_ ^ _	lace of Business.	2a. Mailing Address	1 01	4. FEI Number	Applied For
21 122	2929 E. Commercial	26 2929 E Comme	11(1) B/10	1 65.064390	· / · · · · · · · · · · · · · · · · · ·
Sulte Apt.	. Soite 502	Suite, Apt. #, etc.  27 Sulfe 502.	· 	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	11 01	6. Election Campaign Financing	\$5.00 May Be
23 1 1	Laudeidake FL	28 Ft. Lauder	v	Trust Fund Contribution	Added to Fees
24 333	Country	<sup>2φ</sup> 33308 3	Country	A 8. This corporation has liability for i	-/ - <del>-</del>
24 337	9. Name and Address of Current F		0	Florida Statutes  10. Name and Address of New Re	Yes No
SACE DINEMALK DOINE NO STE 100					ocker
	IGATE FL 33063		82 Street	Address (P.O. Box Number is Not Acceptab	ile) Al
170741	TOTAL TE COOCO		83	129 E. Commercial	UIVA .
1			<u>                                     </u>	out 502	
			84 City	+ Landerdale a	FL   85   Zip Code 33308
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the r	purpose of changing its registered
office or registered agont, 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	and and an analysis of the same and an		ou operation.		
GIGINATORE	Signature typed or printed name of registered agent a	inditate if applicable (NOTE: Fr	legistered Agent signalure	required when reinstating)	DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D TOVED TENAN	DEFETE	1.1 10116	D	Change Addition
NAME	ZUCKER, TENA M	400	1,2 NAME	ZUCKET TENA 2929 E. Commercial	Blud Suteson
STREET ADDRESS	3405 PINEWALK DRIVE NO STE	109	1.3 STREET ADDRESS	2424 8 20111111	151 33366
CITY-ST-ZIP	MARGATE FL 33063	Clothere	1.4 CITY - ST - ZIP	Ft Lauderdale	FL 33308
TITLE		DELETE	2.1 1ITLE		Change Addition
NAME ATREET ADDRESS			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. # CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C Change C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-S1-ZIP		:
TITLE		DELETE	4.1 TOLE		Change Addition
NAME		•	4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-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 CHY-ST-ZIP		
TITLE		☐ DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-7IP		
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.					