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 # P9600070104

1. Corporation Name

OGDEN FINANCIAL CORPORATION

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90143 048 ***150.00



Principal Place	e of Business	Mailing Address		
6821 SOUTHPOI	NT BLVD	4215 SOUTHPOINT BLVD. #100		
SUITE 201 JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE
JACKSONVILLE	FL 32216			3. Date Incorporated or Qualifed
US				08/22/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 9250	o Baymeadows Rd	26		59-3398452 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing S5.00 May Be
	u. (28		Trust Fund Contribution Added to Fees
Zip	32250 Country	Zip C	Country	8. This corporation owes the current year Intangible
24	25 EX USA	29 30		Personal Property Tax Yes No
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Registered Agent
			81 Name	е
	NEIDER, MICHAEL N		82 Street	et Address (P.O. Box Number is Not Acceptable)
100 NATIONAL FINANCIAL BUILDING				STAGGESS (I. C. DOX MOTING IS HOT VOCANIANO)
4215	SOUTHPOINT BOULEVARD		83	
JACK	SONVILLE FL 32216			85 Zip Code
			84 City	FL 85 Zip Code
44 Durguent	to the grouping of Sections 607 0502 a	and 607 1508 Florida Statutes, the	ahove-pamer	d corporation submits this statement for the purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the State of I m familiar with, and accept the obligation	Florida, Such change was authori ns of, Section 607,0505, Florida S	zed by the corp tatutes	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable INOTE Registe	ered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE :	1 TITLE	PS7D ☐ Addition
NAME	OGDEN, GREGORY C	! ;	2 NAME	Ogden Gregory Ogden Gregory 9250 Baymeadows Rd. #420 Jacksonville, FC 32256 V Change WAddition
STREET ADDRESS	6821 SOUTHPOINT DR N, SUITE	201	3 STREET ADDRESS	9250 Baymeadows Fa 120
CITY-ST-ZIP	JACKSONVILLE FL 32216		4 CITY-ST-ZIP	Jacksonville FC 32256
TITLE	OACHOOTTILLE ! E OZZIO	D DELETE .		Change WAddition
NAME		2	2 NAME	Crittenden, Bob 5 9250 Baymeadows Rd. # 420 Jacksonville, Rc. 32254
		()	STREET ADDRESS	9250 Baymeadows Rd. # 420
STREET ADDRESS		1,	CITY OF 7ID	Nacroniule A. 32254
CITY-ST-ZIP	·	DELETE 3	1 TITLE	Change Addition
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STREET ADDRESS			3 STREET ADDRESS	000
CITY-ST-ZIP			4 CITY - ST - ZIP	Change Addition
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NAME		5	2 NAME	
STREET ADDRESS		5	3 STREET ADDRESS	os (
CITY-ST-ZIP		5	4 CITY-ST-ZIP	
TITLE		☐ DELETE 6	: TITLE	Change Acdition
NAME		6	2 NAME	
STREET ADDRESS		ļγ	3 STREET ADDRESS	ss
STREET ADDRESS			4 CITY-ST-ZiP	

14. 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR