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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073801 (8)

THE INSTITUTE OF CERTIFIED FINANCIAL BALANCERS. INC.

Principal Place of Business

Mailing Address

401 EAST SLIGH AVENUE

401 EAST SLIGH AVENUE

FILED Apr 01 1998 8:00am Secretary of State



TAMPA FL 33604 TAMPA FL 33604 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3404069 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WETHERINGTON, R. WADE 111 E MADISON STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2625** TAMPA FL 33602 City 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** Signature, typed or printed name of regedered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1.1 TITLE ☐ Change ☐ Addition CLARK, RONALD D NAME 1.2 NAME **401 EAST SLIGH AVENUE** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33604 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELFTE 2.1 TITLE Change notibha NAME HART, CARL L 2.2 NAME 401 EAST SLIGH AVENUE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33804 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP

14. Thereby 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 root to the true 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 of the copy or bestee en lowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

Addition

Addition