

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90015 047 \*\*\*150.00

DOCUMENT # P96000093448  
1. Corporation Name FINANCIAL AFFILIATES II, INC.

Principal Place of Business Mailing Address

649 WOODBRIDGE DRIVE  
MELBOURNE, FLORIDA 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 3095 S. Hwy A1A

2a. Mailing Address

26 3095 S. Hwy A1A

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

23 MELBOURNE BEACH, FL

City & State

28 MELBOURNE BEACH, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

24 32951

25 BREVARD

Zip

Country

29 32951

Country

30 BREVARD

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE

NAME KEITH H. DUSENBERRY

STREET ADDRESS 649 WOODBRIDGE DR.

CITY-ST-ZIP MELBOURNE BEACH, FL 32940

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition

1.2 NAME KEITH H. DUSENBERRY

1.3 STREET ADDRESS 3095 S. HWY. A1A # A

1.4 CITY-ST-ZIP MELBOURNE BEACH, FL 32951

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

DATE

407-733-1928

Daytime Phone #

CR2E034 (1/98)