
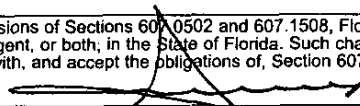


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0451686

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90116 046 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000101884					
1. Corporation Name STATEWIDE FINANCIAL SERVICES, INC.					
Principal Place of Business 307 EAST MARION AVENUE PUNTA GORDA FL 33950			Mailing Address 307 EAST MARION AVENUE PUNTA GORDA FL 33950		
2. Principal Place of Business 21 2511 Vasco street #119 Suite, Apt. #, etc. 22 Punta Gorda Fla City & State 23 Zip 33950 Country USA		2a. Mailing Address 26 Pobox 51210 2 Suite, Apt. #, etc. 27 Punta Gorda Fla City & State 28 Zip 33951 Country USA		3. Date Incorporated or Qualified 12/16/1996	
4. FEI Number 65-0716920		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GEERTS, JOSE P 307 EAST MARION AVENUE PUNTA GORDA FL 33950			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2511 Vasco street #119 83 84 City Punta Gorda FL 85 Zip Code 33950		
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  Geerts Jose P DATE 1-25-1999 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE PVST <input type="checkbox"/> DELETE NAME GEERTS, ELIZABETH A. STREET ADDRESS 706 WEST MARION AVE. CITY-ST-ZIP PUNTA GORDA FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 (941) 6379736
Date Daytime Phone #

CR2E034 (1/1/98)