

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

FILED
Aug 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010113
1. Corporation Name
Flagler Insurance and Financial Services, Inc.

Principal Place of Business: 222 Lakeview Ave #160 W. P. B., FL. 33401
Mailing Address: 230 Monterey RD Palm Bch, FL. 33480

2. Principal Place of Business: 21 222 Lakeview Ave #160 Suite, Apt. #, etc. 22 Suite 160-167 City & State: 23 West Palm Bch, FL Zip: 24 33401 County: 25 Palm Bch 29 33480 26. Mailing Address: 26 230 Monterey RD Suite, Apt. #, etc. 27 City & State: 28 Palm Bch, FL 33480 29 Zip: 30 33480 Country: 30 USA

DO NOT WRITE IN THIS SPACE:
3. Date Incorporated or Qualified: 11/30/98
4. FEI Number: Applied For / Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
President
Robert Graw
230 Monterey RD
Palm Bch, FL. 33480

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

SIGNATURE: Robert Graw 3/2/98
Signature: Typed or Printed Name of Agent (Typed or Printed Name of Agent Required When Reinstating) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P	Robert Graw	<input type="checkbox"/> DELETE
NAME		230 Monterey RD	
STREET ADDRESS		Palm Bch, FL. 33480	
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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***150.00

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 or changed or on an attachment with an address.

SIGNATURE: Robert Graw 3/2/98 561-842-1247
Signature: Typed or Printed Name of Signing Officer or Director (Date) (Volume Used)

CR2E034 (10/97)