## 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 # P97000021468 (8)

CITADEL FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 08 1998 8:00am Secretary of State



20 N. ORANGE AVE., STE. 1400 ORLANDO FL 32801			20 N. ORANGE AVE., STE. 1400 ORLANDO FL 32801					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/07/1997	
	Place of Business	2a. Mailing Address					4. FEI Number Applied For S9 - 343453/ Not Applicable		
21 Suite, Apt. #, etc.			Suite, Apt #, etc					S8.75 Additional	
22			27					5. Certificate of Status Desired Fee Required	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
<b>Z</b> ip <b>24</b>	25	25 29 30			Coun 30	try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
HARIDEN, GEUNGE M III						81 Name			
20 N. ORANGE AVE., STE. 1400 ORLANDO FL 32801						32	Street Ad	Address (P.O. Box Number is Not Acceptable)	
					Ē	34	City	FL 85 Zip Code	
office or	registered agent, or	Sections 607,0502 a both, in the State of accept the obligati	∮lorida. Such c	hange was a	authorized	by	named cothe corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature Type of the period	1. Karid. § narde of hig idea d asjent a	M. of the diappinable	GEORG	E Registered	1 <b>£</b> Agen	(Lisignature re	DEN 4/27/98 required when renesting) DATE	
12.		OFFICERS AND L			13.		- ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		_	] DELETE	1.1 1111			Change Addition	
NAME	WOODWARD,				1.2 NAM				
STREET ADDRESS	1101 LYNX TR WINTER SPRIN						ADDRESS		
CITY-ST-ZIP TITLE	D D	100 FL 32/00		DELETE	1.4 CITY 2.1 THU		- ZIP	Change Addition	
NAME	RARIDEN, GEO	DROF M III	_	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2.2 NAM				
STREET ADDRESS	1				EFT ADDRESS Y-ST-ZIP				
CITY-ST-ZIP	ORLANDO FL			2. 4 CIT					
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NAME					3.2 NAM	1E			
STREET ADDRESS	- [				3.3 STR	EFT A	ADDRESS		
CITY - ST - ZIP	<del></del>		<del></del>	T DELETE	3.4. CIT		- ZIP	Obacca Addition	
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NAME STREET ADORESS							NODRESS		
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TITLE	<u> </u>			DELETE	5 1 Titt	_		☐ Change ☐ Addition	
NAME					5.2 NAM				
STREET ADDRESS	1				5.3 STR	EE1 A	ADDRESS		
CITY-ST-ZIP					5.4 City	′- \$1	- ZIP		
TITLE			Ĺ.	DELETE	6.1 TITL	E		Change Addition	
NAME					6.2 NAM	1E			
STREET ADDRESS					6.3 S1RI	EET #	ADDRESS		
CITY-ST-ZIP					6.4 City	′- SI	- ZIP		

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 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 appears.