FILED Apr 13, 1999 8:00 am Secretary of State

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## 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** 

## DOCUMENT # **P97000034131**1. Corporation Name

NEW LIFE FINANCIAL SERVICES, INC.

	• .										
Principal Place of Business Mailing Address											
3635 JIM KIM LANE 3635 JIM KIM LANE LAKELAND FL 33813-4072 LAKELAND FL 33813-407			2				DO NOT WRITE IN THIS SPACE				
	•						3. Date Incorporated or Qualifed 04/16/1997				
Principal Place of Business     2a. Mailing Address				<u> </u>			4. FEI Number	· [/	Applied For		
21	26						59-3442854		Not Applicable		
Suite, Apt.	pt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired Fee Required				
City & State City & State							6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country 125	Zip	Coun				8. This corporation owes the current year Intangible Personal Property Tax.		□No		
24	9. Name and Address of Curi	11	1301				10. Name and Address of New Registered	Agent			
	v. Italie and Address of Our	cite regional rigari		81	Name						
NUNZIO, QUINTO							(D. D. D. Lands Maria and Maria				
3635 JIM KIM LANE				82	Street Address (P.O. Box Number is Not Acceptable)						
LAKELAND FL 33813				83							
				84	City		FL	<b>-</b>     `	p Code		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the obl	te of Florida. Such change was	authorized	DV	the corp	corpor oration	ration submits this statement for the purpose of is board of directors. I hereby accept the appo	changing i intment as	ts registered registered		
SIGNATURE	Signature, typed or printed name of registered	econt and title if sonlicable (NO	TF: Registered	Agen	t signature i	required y	when reinstating) DATE				
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	FORS IN 12		
TITLE	PD DELETE			1.1 TITLE			,	☐ Change	e 🔲 Addition		
NAME I	QUINTO, NUNZIO			1.2 NAME					ļ		
STREET ADDRESS	3635 JIM KIM LANE			1.3 STREET ADDRESS							
CITY-ST-ZIP	LAKELAND FL 33813-4072			1.4 CITY-ST-ZIP							
TITLE	VSTD DELETE			2.1 TITLE				Change	e 🔲 Addition		
NAME	HOLYFIELD, CLIFFORD L			2.2 NAME							
STREET ADDRESS	COOK HAS LIBS & SAIF			2.3 STREET ADDRESS					1		
CITY-ST-ZIP	LAVELAND EL 00040-4070			2.4 CITY-ST-ZIP			**				
TITLE				3.1 TITLE				Change	e [] Addition		
NAME	·			3.2 NAME							
STREET ADDRESS			3.3 ST	REET	ADDRESS		4		į		
CITY-ST-ZIP				3.4. CITY-ST-ZIP			•				
TITLE	ALCOHOL STATE OF THE STATE OF T			4.1 TITLE				☐ Chang	e 🔲 Addition		
NAME			4. 2 N	AME		ŀ			1		
STREET ADDRESS			4.3 ST	REET	TADDRESS				ļ		
CITY-ST-ZIP			4.4 CF	TY- ST	T- ZIP						
TITLE				.1 TITLE				Chang	e 🔲 Addition		
NAME	•		5.2 N/	ME							
STREET ADDRESS			5.3 ST	REET	T ADDRESS						
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TT	TLE				☐ Chang	e Addition		
NAME			6.2 N/	WE							

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP