

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

FILED
Oct 13 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 # P97000055642 1. Corporation Name			
INVESTTEAM FINANCIAL, INC.			
Principal Place of Business		Mailing Address	
7789 Garden Road, #205 West Palm Beach, FL 33404			
2. Principal Place of Business		2a. Mailing Address	
21	State Apt. # etc.	26	Suite Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
3. Date Incorporated or Qualified 6/19/97			
3a. Date of Last Report			
4. FEI Number 65-0766529			
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
6. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Timothy L. Whalen 301 Clematis St., Ste 200 West Palm Beach, FL 33401		81 Name Fred C. Cohen	
		82 Street Address (P.O. Box Number is Not Acceptable) 712 U.S. Highway One, Ste 400	
		83	
		84 City North Palm Beach, FL	
		85 Zip Code 33408	
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, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE <i>[Signature]</i> DATE 10/8/98			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE ☐ Change ☐ Addition			
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE ☐ Change ☐ Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE ☐ Change ☐ Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE ☐ Change ☐ Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE ☐ Change ☐ Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE ☐ Change ☐ Addition			
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			
14. I do 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 form is true and accurate and that my signature shall have the same legal effect as if made under oath. 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, unchanged, or in an attachment with an address.			
SIGNATURE <i>[Signature]</i> DATE 10/8/98			
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)