

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000074163 (1)
 1. Corporation Name
C.O.D. FINANCIAL SERVICES, INC.



Principal Place of Business 1801 SOUTH OCEAN DRIVE SUITE 1 HALLANDALE FL 33009	Mailing Address 1801 SOUTH OCEAN DRIVE SUITE 1 HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business NOTE NEW ADDRESS: 1295 E. Hallandale Beach Blvd. Suite 1 Hallandale, FL 33009	2a. Mailing Address NOTE NEW ADDRESS: 1295 E. Hallandale Beach Blvd. Suite 1 Hallandale, FL 33009
23. Zip	25. Country
24. Zip	29. Country

3. Date Incorporated or Qualified 08/26/1997	4. FEI Number 65-0779611	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SIMON, PHILIP E 1801 SOUTH OCEAN DRIVE SUITE 1 HALLANDALE FL 33009	
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10. Name and Address of New Registered Agent	
81. Name PHILIP E. SIMON	85. Zip Code FL
82. Street Address (P.O. Box Number is Not Acceptable) NOTE NEW ADDRESS: 1295 E. Hallandale Beach Blvd. Suite 1 Hallandale, FL 33009	

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 *Philip E. Simon, Pres.* **PHILIP E. SIMON, Pres.** DATE **4/28/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P SIMON, PHILIP E
STREET ADDRESS	1801 SOUTH OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE
NAME	ST MANDEL, JERRY
STREET ADDRESS	1801 SOUTH OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL 33009
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	NOTE NEW ADDRESS: 1295 E. Hallandale Beach Blvd. Suite 1 Hallandale, FL 33009
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	NOTE NEW ADDRESS: 1295 E. Hallandale Beach Blvd. Suite 1 Hallandale, FL 33009
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	

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 both, in attachment with an address.

SIGNATURE *Philip E. Simon, Pres.* **PHILIP E. SIMON, Pres.**

CR2E034 (10/97)