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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082913 (9)

INLAND EMPIRES FINANCIAL SRV. INC.

**FILED** May 12 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address				( conficient rich contribution destration) which adding	TION STRUM CHIMI CIMBA SOLE IN MI	
3812 WEST LINEBAUGH AVENUE #314 3812 WEST LINEBAUGH AV TAMPA FL 33624 TAMPA FL 33624			AVENUE #31	4		
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
6 Principal C	Place of Business	2a. Mailing Address			09/23/1997	
21	TIACE OF BUSINESS	<u> </u>			4. FEI Number 59-3468292	Applied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.			Not Applicable
22		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	——————————————————————————————————————		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees	
24	<b>├</b> ─┐		····	у	8. This corporation owes or has paid the co	
241	g. Name and Address of Curr		30]		Personal Property Tax due June 30.  10. Name and Address of New Registered	
		The state of the s	81	Name	(U. realite and Address of Her Hegister	1 vAquit
	NKINS, CHRISTINE M MRS		Ľ			
M4	09 COOL SPRING ROAD		62	Street Add	lress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33604			83			
			84	City		85 Zip Code
			1	,	FI	L i i i
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	Signature typed or printed name of registered in	account and little if arrelly able (AICS)	F: Backlared Ac	ent signature segue	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	our a grantone reda	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	T		☐ Change ☐ Addition
NAME	JENKINS, BISHOP W		1.2 NAME			-
STREET ADDRESS			1.3 STREET	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY - 9	ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	JENKINS, C M MRS		2.2 NAME			
STREET ADDRESS	3812 WEST LINEBAUGH A	/ENUE #314	2.3 STREET	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2. 4 CITY -	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	F ADDRESS		
CITY-ST-ZIP	<u>                                     </u>		3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAME	1		
STREET ADDRESS			4.3 STREET	r address		
CITY-ST-ZIP			4.4 CfTY-5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		!
CITY-ST-ZIP			6.4 CITY - S	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 is frue 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.

813-969-3601