

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90012 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

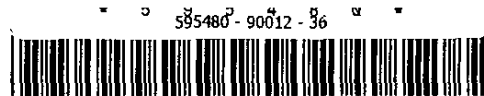
**DOCUMENT # P98000023573**

1. Corporation Name

**FINANCING SOLUTIONS, INC.**

Principal Place of Business  
**1865 NIGHTFALL DRIVE  
NEPTUNE BEACH FL 32266**

Mailing Address  
**1865 NIGHTFALL DRIVE  
NEPTUNE BEACH FL 32266**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/12/1998**

2. Principal Place of Business

**21 30 WATERWAY ISLAND DR**

Suite, Apt. #, etc.

**22 City & State**  
**ISLE OF PALMS, SC**

Zip

**24 29451**

Country

**25 USA**

2a. Mailing Address

**26 30 WATERWAY ISLAND DR**

Suite, Apt. #, etc.

**27 City & State**  
**ISLE OF PALMS, SC**

Zip

**29 29451**

Country

**30 USA**

4. FEI Number

**59-349 4952**

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 owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCHUSTER, RICK H  
1865 NIGHTFALL DRIVE  
NEPTUNE BEACH FL 32266**

10. Name and Address of New Registered Agent

**81 Name** **MARTIN L. SCHUSTER**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**4412 RICHMOND PARK CT**

**83**

**84 City**

**JACKSONVILLE**

**FL**

**85 Zip Code**

**32224**

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** **Martin L. Schuster** **Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-16-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SCHUSTER, MARTIN L**  
STREET ADDRESS **30 WATERWAY ISLAND DRIVE**  
CITY-ST-ZIP **ISLE OF PALMS FL 29451**

TITLE **SDVT** ☐ DELETE

NAME **SCHUSTER, RICK H**  
STREET ADDRESS **30 WATERWAY ISLAND DRIVE**  
CITY-ST-ZIP **ISLE OF PALMS FL 29451**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

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STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

**SIGNATURE** **Martin L. Schuster** **Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-16-99 843 886-0900**

Date Daytime Phone #

CR2E034 (5/99)

0005639

595480-90012-36  
P98000023573

Financing Solutions, Inc.  
30 Waterway Island Drive  
Isle of Palms, SC 29451

July 8, 1999

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

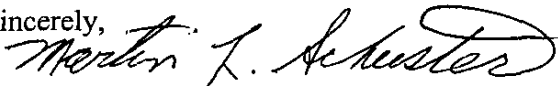
Re: 1999 Corporate Annual Report -- Financing Solutions, Inc.

Dear Sir or Madam,

Please find the enclosed check for \$150.00 for the above referenced Corporation. The Original First Notification was never received. This is probably due an address change. Please see new address above and on the 1999 Annual Report. Upon receipt of the Second Notification we have immediately completed the Report and enclosed a check. Your prompt attention to this matter is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



MARTIN L.  
~~FRANK H.~~ Schuster  
President