PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000049316

LVS FINANCIAL, INC.

Principal Place of Business

501 PALM TRAIL DELRAY BEACH FL 33483 Mailing Address

501 PALM TRAIL

6 2 90006 - 29



FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90191 003 ***150.00

DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/03/1998 Applied For FEI Numbe 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year intangible Personal Property Tax 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 POWELL, HICKMAN 82 Street Address (P.O. Box Number is Not Acceptable) **501 PALM TRAIL DELRAY BEACH FL 33483** 83 84 CIN

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 ared agent and title if applic OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Change DELETE 11 TIDE TITLE **POWELL HICKMAN** 1.2 NAME NAME **501 PALM TRAIL** 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** 1.4 C<u>TY-</u>ST-ZIP CITY-ST-ZIP Addition Change OELETE 21 TILE TITLE 2.2 NAME NAME . 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE ☐ Change TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZEP CITY-ST-ZIP Change Addition DELETE 51TILE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TΠLE Change Addition DELETE TITLE STREET ADDRESS 6.4 CITY-ST-ZIP 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 accurately 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 truetze 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.

CR2E034 (11/98)