

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90110 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000060136

1. Corporation Name
ASSOCIATED FINANCIAL, INC.



Principal Place of Business
245 N. OCEAN BLVD., SUITE 311
DEERFIELD BCH FL 33441

Mailing Address
245 N. OCEAN BLVD., SUITE 311
DEERFIELD BCH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0887335

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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 5557 W. Oakland Park Blvd

Suite, Apt. #, etc.

22 281

City & State

23 Lauderdale FL

Zip

24 33319

Country

25 USA

2a. Mailing Address

26 5557 W. Oakland Park Blvd

Suite, Apt. #, etc.

27 281

City & State

28 Lauderdale FL

Zip

29 33319

Country

30 USA

9. Name and Address of Current Registered Agent

KAUFMANN, HEIDI P
7904 W. DR., SUITE 901
N. BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name Uri Tadelis

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

83 5557 W. Oakland Park Blvd

Suite 281

84 City Lauderdale

FL

85 Zip Code

33319

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 agent and then applicable (N/A) Registered Agent signature required when reinstating

4/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME KAUFMANN, HEIDI P
STREET ADDRESS 7904 W. DR., SUITE 901
CITY-ST-ZIP N. BAY VILLAGE FL 33141

☐ DELETE

TITLE D
NAME KAUFMANN, HEIDI
STREET ADDRESS 7904 W. DR., SUITE 901
CITY-ST-ZIP N. BAY VILLAGE FL 33141

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Uri Tadelis PVST
1.2 NAME
1.3 STREET ADDRESS 5557 W. Oakland Park Blvd #281
1.4 CITY-ST-ZIP Lauderdale, FL 33319

☒ Change

☐ Addition

2.1 TITLE Uri Tadelis
2.2 NAME
2.3 STREET ADDRESS 5557 W. Oakland Park Blvd #281
2.4 CITY-ST-ZIP Lauderdale, FL 33319

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 954/726-5599

CR2E034 (11/98)