PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000081426

1. Corporation Name
S. R. S. FINANCIAL INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90163 009 ***150.00

SASF	INANCIAL, INC.	•					L HAROLINGAL ERA CARAL LÜLÜK BARKU OAKAL	OBINE BOOKER		HALA ADRI ILA	
										ilke nu kee	
Principal Place	e of Business	Mailing Address					140811831 110 13111 1311 43111 3211				
5769 N. ANDRE	EWS WAY	5769 N. ANDREWS WAY	_				•				
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 3330			9			ļ	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 09/17/1998				
3 Principal D	lace of Business	2a. Mailing Address					4. FEI Number) Ap	plied For	1
_	ISCS OF CORNERS	26					65-0867235 Not Applicable]	
Suite, Apt.	# etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional			1	
22	.,	27					5. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State	8	City & State	City & State				6. Election Campaign Financing		\$5.00		
23		28				_\	Trust Fund Contribution		Added t	o Fees	1
Zio	Country	Zip		intry		-	8. This corporation owes the currer	t year Inta	ngiste Yes	□No	
24	25		10	_			Personal Property Tax. O. Name and Address of New Re	aletered A		<u> </u>	1
 	9. Name and Address of Current	Registered Agent		81	Name	1	U. Name and Address or New Ke	distaine >	-Berne		1
ECK	ERT, CHARLES S				Name						ĺ
	N. ANDREWS WAY			82	Street Add	dress	(P.O. Box Number is Not Acceptable	B)			ļ
	T LAUDERDALE FL 33309			83							ì
. 011				"	_						
				84	City			FL	85 Zip (Code	}
	to the provisions of Sections 607.0502	and 607 1508 Elorida Statuta	the a	howa	-named cor	moral	ion submits this statement for the p	mace of c	hanging its	registered	Ì
71. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was au	horize	d by	the corporal	tion's	board of directors. I hereby accept	the appoin	tment as re	gistered	ĺ
agent.) a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	oa Stat	uies.							
SIGNATURE	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE.)	Constance	d Agent	t signatura requi	ited wha	an reinflating)	DATE			<u>۾</u>
12.	OFFICERS ANI		13.				ADDITIONS/CHANGES TO OFFI	CERS AN		RS IN 12	CR2E034 (11/98)
TITLE	D	DELETE	ELETE 1.1 πr						Change	Addition	=
NAME	ECKERT, CHARLES S		121	AHE						종	
STREET ADDRESS	5757 N. ANDREWS WAY		1.3 5	TREET	ADORESS						岚
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP							<u> </u>	※
TITLE	D	☐ DELETE	2.1 TITLE				U		Change	Addition	١×
NAME	ECKERT, SCOTT A		22 N	2 NAME							
STREET ADDRESS	-5757-N:-ANDREWS-WAY		238	TREET	ADDRESS						- .
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2.40	XTY-S	T- ZIP				F= 4:	C 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ł
TITLE	D	☐ DELETE	3.1 TITLE				• •		Change	Addition	İ
NAME	ECKERT, SIBYL		3.2 N	AME			•				Į.
STREET ADDRESS			335	TREET	ADDRESS						İ
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			ZTY-S					Channe	☐ Addition	1
TITLE		DELETE		me=		هرستهم			· Change_		-
NAME	{		4.26								ĺ
STREET ADDRESS					ADDRESS						
CITY-81-ZIP			_	4 CTY-ST-ZIP					Change	Addition	{
TITLE		☐ DELETE	5.1 TI 5.2 N		İ				~ ~ wilds		
NAME	ì		1		ADDRESS						
STREET ADDRESS	·j		1	//Y-51	L.]
CITY-ST-ZIP		DELETE	6.1 TI						Change	☐ Addition	
TITLE		□ nere is	6.2 N								
NAME					ADDRESS						1
STREET ADDRESS	\$ 		3.5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, June 33						1

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee exposed to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, opin an attagriment with an address, with all other like empowered.

SIGNATURE: