

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90087 015 \*\*\*150.00

DOCUMENT # P98000094462

1. Corporation Name  
VIRTUAL FINANCIAL CORP.



Principal Place of Business

750 EAST SAMPLE ROAD  
SUITE 204  
POMPANO BEACH FL 33064

Mailing Address

750 EAST SAMPLE ROAD  
SUITE 204  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 4910 Blue Lake Dr.  
Suite, Apt. #, etc.  
22 #200  
City & State  
23 Boca Raton FL  
Zip Country  
24 33431 25 USA

2a. Mailing Address

26 Same  
Suite, Apt. #, etc.  
27

City & State

28  
Zip Country  
29 33431 30 USA

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

65-0879852

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

9. Name and Address of Current Registered Agent

DWYER, RICHARD R JR.  
750 EAST SAMPLE ROAD  
SUITE 204  
POMPANO BEACH FL 33064  
4910 Blue Lake Dr.  
#200  
Boca Raton, FL  
33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME PAYNE, THOMAS C  
STREET ADDRESS 750 EAST SAMPLE ROAD  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D  
NAME DWYER, RICHARD R JR.  
STREET ADDRESS 750 EAST SAMPLE ROAD  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE D  
1.2 NAME Thomas C. Payne  
1.3 STREET ADDRESS 4910 Blue Lake Dr. #200  
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE D  
2.2 NAME Dwyer, Richard R. Jr.  
2.3 STREET ADDRESS 4910 Blue Lake Dr. #200  
2.4 CITY-ST-ZIP Boca Raton, FL 33431

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

4/29/99 954-783-6992  
Date Daytime Phone #

CR2E034 (11/98)

0563074