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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000099245

1. Corporation Name

CORPORATE FINANCE & INVESTMENTS, INCORPORATED

Principal Place of Business

2185 GULF OF MEXICO DR., UNIT 211
LONGBOAT KEY FL 34228

Mailing Address

2185 GULF OF MEXICO DR., UNIT 211
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1998

4. FEI Number

65 0891864

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 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

MCWHIRTER, JOHN W JR
400 N. TAMPA ST., STE. 2450
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Ellis D. Klingeman

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

Villa di Lancia # 211

83

2185 Gulf of Mexico Drive

84 City

Longboat Key

FL

85 Zip Code

34228

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

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

/ Ellis D. Klingeman

April 27, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
KINGEMAN, ELLIS D
STREET ADDRESS 2185 GULF OF MEXICO DR., UNIT 211
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☐ DELETE
NAME D
KINGEMAN, SUSANNE S
STREET ADDRESS 2185 GULF OF MEXICO DR., UNIT 211
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Ellis D. Klingeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999

Date

Daytime Phone #

CR2E034 (11/98)