FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # S24191

1. Corporation Name
RESOLVE FINANICAL SERVICES, INC.

Principal Place of Business
3610 W. Sevillo St
TAMPA, FLORIDA
33629

Mailing Address
3610 W. Sevillo St
TAMPA, FLORIDA
#33629

3. Date Incorporated or Qualified: 1991
3a. Date of Last Report: 4/94

2. Principal Place of Business
21 3610 W. Sevillo St
Suite, Apt. #, etc.
22
City & State
23 TAMPA, Florida
Zip
24 33629
Country
25 Hillsboro

2a. Mailing Address
26 3610 W. Sevillo St
Suite, Apt. #, etc.
27 N/A
City & State
28 TAMPA Florida
Zip
29 33629
Country
30 Hillsboro

4. FEI Number: 59-3052775
Applied For
Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Robert Sarlan
82 Street Address (P.O. Box Number is Not Acceptable): 3610 W. Sevillo St
83
84 City: TAMPA, FL
85 Zip Code: 33629

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: Robert Sarlan President — Robert Sarlan — 4/23/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Robert A. Sarlan	
STREET ADDRESS	3610 W. Sevillo St	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	Vice President	☐ DELETE
NAME	VAN GIRIDS	
STREET ADDRESS	300 58th Street N.	
CITY-ST-ZIP	St Petersburg FL 33710	
TITLE	Vice President	☐ DELETE
NAME	Edward Hoffnce	
STREET ADDRESS	7211 Birard Ave N. #	
CITY-ST-ZIP	Brooklyn Cntr. MN 55430	
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	500001796635	
4.4 CITY-ST-ZIP	-04/26/96--01087--003	
5.1 TITLE	***208.75	☐ 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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert Sarlan Robert Sarlan 4/23/96 813 839-4642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S-4-26-96