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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ( 1. Corporation Name MID-ATLANTIC FINANCE	•	1)						
Principal Place of Business	Mailing Addres	S				r reduiding the troth form elect and that broth bloth broth broth broth bloth broth lact.		
15201 ROOSEVELT BLVD. SUITE 104 RUBIN CENTER CLEARWATER FL 34620 US		6001 34TH STR NO ST. PETERSBURG FL 33714 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Place of Business	2a, Mailing Add	Iress				01/25/1991 4, FEI Number Applied For 59-3045824 Not Applied For		
Suite, Apt. #, etc.		Suite, Apt #, etc.				60.75		
22	27					5. Certificate of Status Desired See Required		
City & State	City & State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
Zip   Cot 24   25	intry Zip 29 dress of Current Registered Agent	30	Count	lry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent		
CLEARWATER FL 34			-	4	City	FL 85 Zip Code		
SIGNATURE	lections 607,0502 and 607,1508, Flor ooth, in the State of Horida Such char accept the obligations of, Section 607					orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
12.	OFFICERS AND DIRECTORS	(latint 1)	13.	- Heart	signatore rada	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P		ELETE	1.1 TITLE		T	☐ Change ☐ Addition		
NAME HAWKINS, KEV			1.2 NAM	E	Ì			
	ELTT BLVD SUITE 104		1.3 \$1RE	ET AL	DORESS			
CITY-ST-ZIP CLEARWATER		NCLEASE.	1.4 CITY		ZIP	Ta Trans		
TITLE VPD		ELETE	21 TITLE 2.2 NAME		}	Change Addition		
NAME HAWKINS, DWA STREET ADDRESS 6001 34TH ST			2.2 NAMI 2.3 STRE		nnorce			
STREET ADDRESS 6001 34TH ST CITY-ST-ZIP ST PETERSBUI			2.3 STRE 2.4 CITY					
TITLE S		FLETE	3.4 CHY		- 211	Change Addition		
NAME KOMLO, MIKE	June -		3.2 NAME		ľ			
	ELT BLVD SUITE 104		3.3 STRE		ODRESS			
CITY-ST-ZIP CLEARWATER			3.4. CITY		- 1			

14. I hereby certify that the information supplied with this filling 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 supplicational report is plue 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 entryword 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 or an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET APPRESS

5.4 CITY- ST- 7IP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

MYERS, JAMES R

6001 34TH ST N

ST PETERSBURG FL

Kevinttawkin

DELETE

DELFTE

DELETE

4-3-98 813-535-1554

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 13 1998 8:00am

Secretary of State