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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S28034

(4)

1. Corporation Name

IDEAL FINANCIAL CENTER, INC.

Principal Place of Business

3885 W. BROWARD BLVD.
PLANTATION FL 33312
US

Mailing Address

3885 W. BROWARD BLVD.
PLANTATION FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1991

4. FEI Number

65-0243326

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 5353 Nob Hill Road

Suite, Apt. #, etc.

22 City & State

23 Sunrise, Fl.

Zip

24 33351

Country

25 Broward

2a. Mailing Address

26 5353 Nob Hill Road

Suite, Apt. #, etc.

27 City & State

28 Sunrise, Fl.

Zip

29 33351

Country

30 Broward

9. Name and Address of Current Registered Agent

KELLY, MERCEDES
12664 CLASSIC DR.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

Beverly Palardy

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

1277 Spring Circle Dr.

83

84 City

Coral Springs

FL

85 Zip Code

33071

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

Beverly Palardy Pres.

Signature, typed or printed name of registered agent and title (if applicable)

(NOT: Registered Agent signature required when reinstating)

4/2/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PALARDY, BEVERLY
STREET ADDRESS 1277 SPRING CR. DR.
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE DV
NAME KELLY, MERCEDES
STREET ADDRESS 12664 CLASSIC DR.
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE ST
NAME KELLY, MERCEDES
STREET ADDRESS 12664 CLASSIC DR.
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE

Beverly Palardy

Beverly Palardy

4/2/98

054 753 9739

CR2E034 (10/97)