FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

	MENT # S7091	0 (2)		19,1 4 1, 100			
1. Corporation	n name T FLORIDA FINANCIAL, LTD.,	ING.					
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Principal Place	e of Business	Mailing Address					
4370 S TAMIAMI TRAIL		4370 S TAMIAMI TRAIL					
SUITE 180 SARASOTA FL 34231		SUITE 180 SARASOTA FL 34231					
SARAGOTA	TL 34201	SAMASOIN PL 34231			3. Date Incorporated or Qualified	3a. Date of Las	
2 Principal Pl	lace of Business	2a. Mailing Address			08/01/1991 4. FET Number	04/27/	··- ,
21					59-3075287	-	Applied For Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.	75 Additional
City & State		Crty & State				e Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country	Zip	Country		This corporation has liability for intangible tax under s. 199.032.		
24	9. Name and Address of Current	29 Begistered Agent	30		Elorida Statutes ✓ Yes No 10. Name and Address of New Registered Agent		
	a. Name and Address of Ourient	negistered Agent	81	Name	IU. Name and Address of New F	legistered Agent	
	STEPHEN F. PA		82	Street Add	ress (P.O. Box Number is Not Acceptat		
	EE RIDGE RD						
SARAS	OTA FL 34239		83	'			
			84	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statut	es, the above-	named corpo	ration submits this statement for the pur	moss of shansana it	s registered office
familiar wit	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	n 607.0505, Florida Statutes	ed by the corp 3.	oration's boa	rd of directors. Thereby accept the appl	ointment as register	ed agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent an	d tille if anulicative (INC	HF Registered Age	eri Garanatawa ng main	offention as a challenge	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	P Furlong, robert	DELETE	1 1 117LF			☐ Chang	e 🔲 Addition
NAME STREET ADORESS	4615 HIDDEN VIEW PL		1.2 NAME	I ADVOCACE			
CITY-ST-ZIP	SARASOTA FL		1.3 STREET ADDRESS 1.4 CITY - \$1 - ZIP				
TITLE	VP DELETE		2 1 TITLE	¥			e 🔲 Addition
NAME	FURLONG, JOSEPH		2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	3320 SPAINWOOD DR SARASOTA FL			LADDRESS			ļ
TITLE	ST DELETE		2.4 CITY - : 3.1 TITLE	51 - 21-7		Chang	e
NAME	FURLONG, JEAN		3 2 NAME				
STREET ADDRESS	3897 SHADY BROOK LANE SARASOTA FL			LADDHESS			
CiTY - \$1 - ZiP TiTLE	ONINOUTATE	☐ DELETE	3.4 C/TY 5	ST-ZIP		☐ Chang	e
NAME			4.2 NAME			[C.iang	: [] Addition
STREET ADDRESS			4.3.81866	ADDRESS			
CiTY-ST-ZiP			4.4 CITY- 5	ST - ZIP			
TITLE NAME		DELETE	5 1 THE			Change	e 🗀 Addit-on
STREET ADDRESS			5.2 NAME 5.3 STREET	VUUSES6			
CITY-SF-ZIP			5.4 C-TY-S				
TITLE	DELETE		6 1 THLE			[] Change	2 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STR58 T	1			
01TY-S*-ZIP 14. I do hereby	y certify that the information supplied with	n this filing is voluntarily form	6 4 City - 9 ished and doo	II-ZIP s not qualify fo	or the exemption stated in Section 119 (37/3\(\k\) Florida Stat	utes 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 secure or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 12 if changed of an an attackment with an address.

SIGNATURE:

PONATURE AND TYPEO OR PRINTED NAME OF SIGNING OF IGEN OR DIRECTOR

1-26 46 941-925-4976