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CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:51

DOCUMENT # S81704 (6)

1. Corporation Name

HALPRIN FINANCIAL, INC.

Principal Place of Business	Mailing Address
6681 49TH ST N PINELLAS PARK FL 34665	6681 49TH ST N PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1991	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3084723	[ ] 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 has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HALPRIN, ROUBEN E.~~ David A. Halprin 6681 49TH ST N PINELLAS PARK FL 34665	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502, 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

12. Officers and Directors		13. Additions/Changes to Officers and Directors	
Title	DP	Title	[ ] Change [ ] Addition
Name	HALPRIN, ROUBEN E. — DECEASED	Name	
Street Address	6681 49TH ST N	Street Address	
City-St-Zip	PINELLAS PARK FL	City-St-Zip	
Title	~~DS~~ Director	Title	[ ] Change [ ] Addition
Name	SEGREDO, SHARON R.	Name	
Street Address	8285 131ST WAY NO	Street Address	
City-St-Zip	SEMINOLE FL	City-St-Zip	
Title	~~DK~~ Director	Title	[ ] Change [ ] Addition
Name	BRAME, ELAINE J.	Name	
Street Address	5751 APPLECORSS ST.	Street Address	
City-St-Zip	ST. PETERSBURG FL	City-St-Zip	
Title	David A. Halprin President/Director	Title	[ ] Change [ ] Addition
Name	6681 49th St. No.	Name	
Street Address	Pinellas Park, Fl 34665	Street Address	
City-St-Zip		City-St-Zip	
Title	Sec/Tr/Director	Title	[ ] Change [ ] Addition
Name	Michael J. Halprin	Name	
Street Address	6681 49th St. No.	Street Address	
City-St-Zip	Pinellas Park, Fl 34665	City-St-Zip	
Title	VP/D	Title	[ ] Change [ ] Addition
Name	Laura A. Halprin	Name	
Street Address	6681 49th St. No.	Street Address	
City-St-Zip	Pinellas Park, Fl 34665	City-St-Zip	

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)(n), 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: Sharon R. Segredo Sharon R. Segredo 4/18/95 813-521-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0364394 CP