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

DOCUMENT # **S81704** **(6)**

1. Corporation Name

HALPRIN FINANCIAL, INC.

Principal Place of Business

6681 49TH ST N
PINELLAS PARK FL 34665

Mailing Address

6681 49TH ST N
PINELLAS PARK FL 34665

3. Date Incorporated or Qualified: **09/20/1991**

3a. Date of Last Report: **05/01/1995**

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HALPRIN, DAVID A
6681 49TH ST N
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HALPRIN, DAVID A	
STREET ADDRESS	6681 49TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	☐ DELETE
NAME	SEGREDO, SHARON R.	
STREET ADDRESS	8285 131ST WAY NO	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	☐ DELETE
NAME	BRAME, ELAINE J.	
STREET ADDRESS	5751 APPLECORSS ST.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	☐ DELETE
NAME	HALPRIN, MICHAEL J	
STREET ADDRESS	6681 49TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	☐ DELETE
NAME	HALPRIN, LAURA A	
STREET ADDRESS	6681 49THS T N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(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: David A. Halprin 4/19/96 813 521-4664

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

0376211 CP

CR2E034 (12/95)