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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33761-5726**



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

3. Date Incorporated or Qualified 09/20/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3084723	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees 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	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALPRIN, DAVID A	1.2 NAME	
STREET ADDRESS	6681 49TH ST N	1.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SEGRODO, SHARON R.	2.2 NAME	
STREET ADDRESS	8285 131ST WAY NO	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAME, ELAINE J.	3.2 NAME	
STREET ADDRESS	5751 APPLECORSS ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALPRIN, MICHAEL J	4.2 NAME	
STREET ADDRESS	6681 49TH ST N	4.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	4.4 CITY - ST - ZIP	
TITLE	VPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HALPRIN, LAURA A	5.2 NAME	
STREET ADDRESS	6681 49THS T N	5.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE REQUIRED

Elaine J. Brame 4/14/97

813-521-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)