

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #S81704

1. Corporation Name

HALPRIN FINANCIAL, INC.

Principal Place of Business

6681 49th St. No.
Pinellas Park, Fl 33781

Mailing Address

same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/26/91

2. Principal Place of Business

21 Suite Apt #, etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite Apt #, etc

27 City & State

28 Zip Country

29 Zip Country

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

David A. Halprin
6681 49th St. No.
Pinellas Park, Fl 33781

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

Signature of Registered Agent (Required when changing agent)

Signature of Registered Agent (Required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME David A. Halprin
STREET ADDRESS 6681 49th St. No.
CITY-ST-ZIP Pinellas Park, Fl 33781

☐ DELETE

TITLE D
NAME Sharon R. Segredo
STREET ADDRESS 8285 131st Way No.
CITY-ST-ZIP Seminole, FL 33776

☐ DELETE

TITLE D
NAME Elaine J. Brame
STREET ADDRESS 5751 Applecross
CITY-ST-ZIP St. Petersburg, Fl

☐ DELETE

TITLE STD
NAME Michael J. Halprin
STREET ADDRESS 6681 49th St. No.
CITY-ST-ZIP Pinellas Park, FL

☐ DELETE

TITLE VPD
NAME Laura A. Halprin
STREET ADDRESS 6681 49th St. No.
CITY-ST-ZIP Pinellas Park, Fl

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 189.450, Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation on the date of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an addendum thereto with an address.

SIGNATURE:

Elaine J. Brame

Elaine J. Brame

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

700002551607
06/06/98-01111-006

CR2E034 (10/97)