

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.  
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED  
AND  
FILED

94 AUG 15 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jen Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V15913 (9)

1. Corporation Name  
CAMBRIDGE FINANCIAL SERVICES, INC.

Mailing Address  
9330 FOUNTAINBLEAU BLVD.  
2ND FLOOR  
MIAMI FL 33172

Principal Place of Business  
9330 FOUNTAINBLEAU BLVD.  
2ND FLOOR  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>02/21/1992                                                                                                  | 3a. Date of Last Report<br>07/30/1993                                           |
| 4. FEI Number<br>APPLIED FOR 65-0319672                                                                                                          | Applied For<br>Not Applicable                                                   |
| 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required <input type="checkbox"/>                                                      | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>                                                                       | \$5.00 May Be Added to Fees                                                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below

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

9. Name and Address of Current Registered Agent

JONES, ROBERT C.  
9330 FOUNTAINBLEAU BLVD.  
2ND FLOOR  
MIAMI FL 33172

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when verifying.)

| 12. OFFICERS AND DIRECTORS |                          | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---------------------------------------------|--|
| 11 TITLE                   | D                        | 11 TITLE                                    |  |
| 12 NAME                    | JONES, ROBERT C.         | 12 NAME                                     |  |
| 13 STREET ADDRESS          | 9330 FOUNTAINBLEAU BLVD  | 13 STREET ADDRESS                           |  |
| 14 CITY - ST - ZIP         | MIAMI FL                 | 14 CITY - ST - ZIP                          |  |
| 21 TITLE                   | D                        | 21 TITLE                                    |  |
| 22 NAME                    | RICE, MELISSA A.         | 22 NAME                                     |  |
| 23 STREET ADDRESS          | 1450 WILDWOOD LAKES BLVD | 23 STREET ADDRESS                           |  |
| 24 CITY - ST - ZIP         | NAPLES FL                | 24 CITY - ST - ZIP                          |  |
| 31 TITLE                   |                          | 31 TITLE                                    |  |
| 32 NAME                    |                          | 32 NAME                                     |  |
| 33 STREET ADDRESS          |                          | 33 STREET ADDRESS                           |  |
| 34 CITY - ST - ZIP         |                          | 34 CITY - ST - ZIP                          |  |
| 41 TITLE                   |                          | 41 TITLE                                    |  |
| 42 NAME                    |                          | 42 NAME                                     |  |
| 43 STREET ADDRESS          |                          | 43 STREET ADDRESS                           |  |
| 44 CITY - ST - ZIP         |                          | 44 CITY - ST - ZIP                          |  |
| 51 TITLE                   |                          | 51 TITLE                                    |  |
| 52 NAME                    |                          | 52 NAME                                     |  |
| 53 STREET ADDRESS          |                          | 53 STREET ADDRESS                           |  |
| 54 CITY - ST - ZIP         |                          | 54 CITY - ST - ZIP                          |  |
| 61 TITLE                   |                          | 61 TITLE                                    |  |
| 62 NAME                    |                          | 62 NAME                                     |  |
| 63 STREET ADDRESS          |                          | 63 STREET ADDRESS                           |  |
| 64 CITY - ST - ZIP         |                          | 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 Sections 119.01(4), (b), Florida Statutes. I further certify that the information indicated on the 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 or Chapter 617, Florida Statutes; and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melissa A. Rice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/94 (307) 223 1602