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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19703

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EZ FINANCIAL CORP. Principal Place of Business Mailino Address 1384 HERITAGE AÇRES BLVD. 1384 HERITAGE ACRES BLVD. SUITE A. SUITE A ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-8421 3a. Date of Last Report 3. Date Incorporated or Qualified 03/09/1992 05/01/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible tax under s 199.032, Yes I No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name BAR-NAVON, HAIM 1384 HERITAGE ACRES BLVD. #A Street Address (P.O. Box Number is Not Acceptable) **ROCKLEDGE FL 32955** 83 City 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. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or pushed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. □ DELETE 1.1 TITLE Change Addition THILE BAR-NAVON, HAIM CR2E034 1.2 NAME NAME 1384 HERITAGE ACRES BLVD. #A 1.3 STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** C(1Y+S1+2)E 1.4 CITY - ST - ZIP DELETE Change Addition THILE 2.1 TITLE NAME BAR-NAVON, ZIVA 2.2 NAME 1384 HERITAGE ACRES BLVD. #A 2.3 STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** 2.4 CITY - ST-ZIP CHT-St ZIP DELETE Change Addition TPUE **VDAS** 3.1 TITLE BARTNAVON, BOAZ NAME 32 NAME 1384 HERITAGE ACRES BLVD., #A STREET ADDRESS 3.3 STREET ADDRESS **ROCKLEDGE FL 32955** 3.4. CITY-ST-ZIP C 1Y - 51 - ZIP DELETE 4.1 TITLE ■ Addition TITLE NAM: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-7IP DELETE Change Addition THUE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - \$1 - 762 DELETE Change Addition 6.1 TITLE 101.86.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 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 eath; 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