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PROFIT CORPORATION ANNUAL REPORT

1998



LUORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

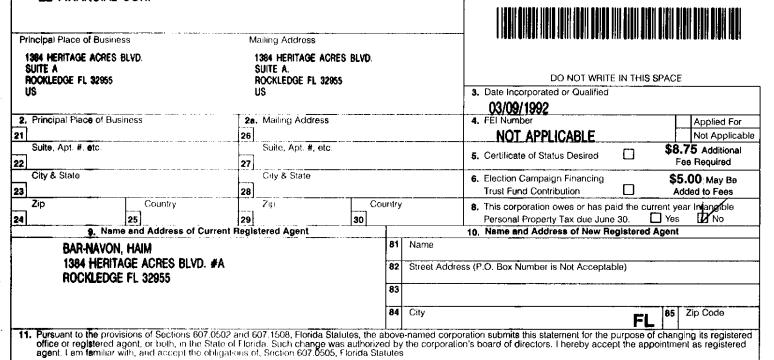
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EZ FINANCIAL CORP.

CITY-ST-ZIP

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May 15 1998 8:00am
Secretary of State



SIGNATURE Signature, typicid or printest nation of registered a perit and talle it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PTD TITLE 1.1 TITLE Change Addition NAME Bar-Navon, Haim 1.2 NAME 1384 HERITAGE ACRES BLVD. #A STREET ADORESS 1.3 STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 1.4 CITY-ST-ZIP VSD DELETE Change Addition TITLE 2.1 TITLE BAR-NAVON, ZIVA NAME 2.2 NAME 1384 HERITAGE ACRES BLVD. #A STREET ADDRESS 23 STHEET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 2 4 CHTY - ST - ZIP **VDAS** DELETE Change Addition TITLE 3.1 TITLE BARTNAVON, BOAZ NAME 3.2 NAME 1384 HERITAGE ACRES BLVD., #A STREET ADDRESS 3 3 STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE ☐ Change Addition TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 emported 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 address.

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