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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V20025** **(5)**

1. Corporation Name

SFI FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
9720 EXECUTIVE CENTER DR. NO. S-116 ST. PETERSBURG FL 33702	9720 EXECUTIVE CENTER DR. NO. S-116 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1992
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business	2a. Mailing Address
21 9700 Koger Blvd	26 9700 Koger Blvd
22 Suite/Apt. #, etc. 305	27 Suite/Apt. #, etc. 305
23 City & State St. Petersburg FL	28 City & State St. Petersburg, FL
24 Zip 33702 25 Country	29 Zip 33702 30 Country

4. FEI Number: 59-3111009 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAW, CLEMENT W. 9720 EXECUTIVE CENTER DR. NO. S-116 ST. PETERSBURG FL 33702	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): 9700 Koger Blvd 83 Suite 305 84 City: St. Petersburg FL 85 Zip Code: 33702

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	LAW, CLEMENT W.	12 NAME		
STREET ADDRESS	9720 EXECUTIVE CTR. DR.	13 STREET ADDRESS	9700 Koger Blvd, Suite 305	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KURCAN, STEVEN K.	22 NAME		
STREET ADDRESS	1960 MICHIGAN AVE. NE	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	YAWMAN, GREGG M.	32 NAME		
STREET ADDRESS	P.O. BOX 1232	33 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
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 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: X Clement W. Law, President 4/5/95 813-576-4401
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0310369 CP