PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V20025

1. Corporation Name

SFI FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
6312 US HWY 301 NORTH STE 385	6312 US HWY 301 NORTH STE 385
ELLENTON FL 34222	ELLENTON FL 34222

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90155 040 ***150.00



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DO NOT WRITE IN THIS SPACE	

US		US		3. Date incorporated or Qualified 03/06/1992	
				4. FEI Number	Applied For
L :=:: ∧ - ·	lace of Business	2a. Mailing Address		t	Applied For
	10 State ROAD 434		te Dugo 434	59-3111009	Not Applicable
Suite, Apt.	#, etc.) \ - 2 29	Suite, Apt. #, etc.	۷٩	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	monte spaines fc	City & State	Spainss FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intan	gible
24 3ょう/	Y 25	29 39714 3		Personal Property Tax.	Yes □No
	9. Name and Address of Curren			10. Name and Address of New Registered Ag	gent
			81 Name	Climan T W.	
LAW	CLEMENT W.		CAW		
6312	US HWY 301 NORTH		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	YE I
STE	385		83	CO STATE ROLL	
FLLE	NTON FL 34222			01-069	
			84 City	A d Can El	85 Zip Code
			707	4 monta Spoins FL	39714
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes of Florida, Such change was auti	, the above-named corpo norized by the corporatio	oration submits this statement for the purpose of chon's board of directors. I hereby accept the appoint	ment as registered
agent. I a	n familiar with, and accept the obligation	tions of, Section 607.0505, Florid	a Statutes	. 1- \	-
SIGNATURE	Low of Curch	EUN		4136199	
SIGNATORE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: Re	gistered Agent signature required		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
	<u>n</u>	DELETE	1,1 TITLE 13	,	Change
TITLE	D		1,1 IIILE	_ ^ .	· · · ·
NAME	LAW, CLEMENT W.	□ Defe16	1.2 NAME	wolldmant w.	124
	-		/ ^	MI CHEMENT W.	134159.08d
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NAME STREET ADORESS CITY-ST-ZIP	LAW, CLEMENT W.		12 NAME	MO CHANGE W.	134159.08d
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CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

Daytime Phone #