

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 APR 28 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29427 (4)
1. Corporation Name
SERTICO FINANCIAL, INC.

Principal Place of Business
**1617 N. FLAGLER DR.
WEST PALM BEACH FL 33407**

Mailing Address
**1617 N. FLAGLER DR.
WEST PALM BEACH FL 33407**

500001471685
-05/02/95--01146--014
******200.00 ****200.00**
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/17/1992** 3a. Date of Last Report **08/18/1994**

4. FEI Number **NOT APPLICABLE** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. Box 33209**
22 City & State 27 **Palm Beach Gardens, FL**
23 Zip 28 **33420** 30 **USA**
24 Country 25 **USA**

9. Name and Address of Current Registered Agent
**JEAN-MICHEL GRANDJEAN
787 FORESTENIA AVE.
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent
81 Name **Warren Pearlman Nease**
82 Street Address (P.O. Box Number is Not Acceptable) **6355 Town Center Rd**
83 **Suite 801**
84 City **Boca Raton** FL 85 Zip Code **33486**

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 **Warren Pearlman Nease** DATE **1/13/95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TINEMBERT, SERGE
STREET ADDRESS	1617 N. FLAGLER DR.
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	S
NAME	ROTHPLETZ, ROLAND
STREET ADDRESS	1617 N. FLAGLER DR.
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	ROTHPLETZ, ROLAND
7. STREET ADDRESS	PO Box 33209 (N/A)
8. CITY, ST, ZIP	Palm Beach Gardens, FL 33420
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(k), Florida Statutes. I further certify that the information included 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, Change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ROTHPLETZ, ROLAND) Apr 21, 1995