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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

V33176

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D	ΛТΙ	וענ	IDNI	EINANO.	AL SERVICES	! INC

HAIND	UKN FINANCIAL SERVICE	S, INC.			
Principal Place o	of Business	Maling Address		I INDIL DILABO IIINDI IIINDI IIINDI IINDI	9 ann asam asas arbis átáit átáis bifit táit
927 EAST KL TARPON SPR US	Osterman Hings FL 34689	927 EAST KLOSTERMAN TARPON SPRINGS FL 34689 US			
				 Date Incorporated or Qualified 04/30/1992 	3a. Date of Last Report 04/04/1995
2. Francipal Place of Business 2a. Mailing Add				4. FEI Number 59-3122163	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	V V V	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip	Country 30	8. This corporation has liability for i	
	9. Name and Address of Curren			10. Name and Address of New R	
	- 		81 Name		
	irn, kathleen St klosterman		82 Street Ad	dress (P.O. Box Number is Not Acceptab	<i>i</i> e⟩
	I SPRINGS FL 34689		83	THE PERSON NEW YORK AND ADDRESS OF THE PERSON NEW Y	
			84 City		FL 85 Zip Code
or registere familiar with SIGNATURE - -	id agent, or both, in the State of Flore i, and accept the obligations of, Sect ignation, by other procuration of registered agent	da Such change was authori, ion 607.0505, Florida Statute and tille if ancicable N	red by the cornoration's b	coration submits this statement for the pur oard of directors. I hereby accept the appoint und when ministering.	intment as registered agent. I am
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	····-
TITLE	DPV	DELEJE	1 1 TITLE	•	Change Addition
NAME	RATHBURN, DARYLL W.		1 2 NAME		
STRUET ADDRESS	927 EAST KLOSTERMAN		13 STREET ADDRESS		
City-S1-ZiF	TARPON SPRINGS FL ST		14 CITY - ST - ZIP		
TITLE NAME	RATHBURN, DARYLL W.	DELETE	2 1 1 ITLE		Change Addition
STREET ADDRESS	927 EAST KLOSTERMAN		2 2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIF	TARPON SPRINGS FL		24 CITY-ST-ZIP		
101 F - 37 - 20		[] DELETE	3 1 TITLE		. Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STHEET ADDRESS		
City - \$1 - ZiP			3.4 CITY - ST - ZIP		
THE		DELETE	4. 1 TITLE		Change Addition
NAMe			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHY ST ZIP			4.4 CITY - \$1 - ZIP		
1:11 E		DELETE	5 1 TITLE		Change Maddition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CIY SEZP		f print/	5 4 CITY - \$1 - 7IP		F 65
THEF		DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME Charles Arrest Co.			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-7IP	عربي والمناجع والمعاصل والتراز والمناز		6.4 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 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 cath; 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone **

Ann 1596 813-937-4412