FILI	E NOW: FILING	- FILED							
COF	PROFIT ORPORATION INUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 26 1998 8:00am Secretary of State			
	MENT # V3 URN FINANCIAL SI	33176 ERVICES, INC.	(1)						
Principal Place of Business Mailing Address 927 EAST KLOSTERMAN 927 EAST KLOSTERMAN TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1992			
21 92 Suite, Apt.			Suite, Apt. #, etc.	st K	losterm	4. FEI Number 59-3122163 5. Certificate of Status Desired		\$8.75	oplied For ot Applicable Additional equired
City & Stat 23 TaC Zip 24 3 4 6	pon Springs Country	28 29 s of Current Regis	City & State Tarpon Sprin Zip 34689 3ered Agent	Country	FL US	Election Campaign Financing Trust Fund Contribution This corporation owes or has Personal Property Tax due Ju Name and Address of New	paid the cur une 30.	Added rent year Int Yes	May Be to Fees tangible No
927 TAI	THBURN, KATHLEEN TEAST KLOSTERMAN RPON SPRINGS FL 34 to the provisions of Sectic egistered agent, or both, m familiar with, and accep	ns 607.0502 and 60	07.1508, Florida Statutes, a. Such change was aut Section 607.0505, Florid	83 84 , the above horized by da Statutes	City e-named corp y the corpora	ress (P.O. Box Number is Not Acceptions of the statement for the tion's board of directors. I hereby ac	FL		Code ts registered registered
SIGNATURE	Signature, typed or printed name of	f registered agent and title	f applicable. (NOTE: F	Registered Age	ent signature requi	red when reinstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF DPV RATHBURN, DARYL 927 EAST KLOSTEF TARPON SPRINGS	rman	TORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR Change	RS IN 12
TITLE NAME STREET AODRESS CITY-ST-ZIP	ST RATHBURN, DARYL 927 EAST KLOSTEF TARPON SPRINGS	rman	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - S				L Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S'				Change	Addition
TITLE NAME			☐ DELETE	6.1 TITLE				Change	Addition

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 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.

Dary II W.

SIGNATURE:

| SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNAT

STREET ADDRESS