

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53070

(1)

1. Corporation Name

POLIN FINANCIAL CORPORATION

Principal Place of Business

**3818 GUNN HWY
TAMPA FL 33624**

Mailing Address

**3818 GUNN HWY
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3134803

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**POLIN, WILLIAM R.
6322 GRAND BAHAMA CIR
TAMPA FL 33615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

360 PALMDALE DR

83

84 City

OLDSMAR

FL

85

Zip Code

34677

10. Name and Address of New Registered Agent

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

Valerie L. Polin

(NOTE: Registered Agent signature required when reappointing)

4/24/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLIN, WILLIAM R.
STREET ADDRESS	6322 GRAND BAHAMA CIR
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	POLIN, VALERIE L.
STREET ADDRESS	6322 GRAND BAHAMA CIR
CITY - ST - ZIP	TAMPA 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

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	360 PALMDALE DR.
14 CITY - ST - ZIP	OLDSMAR FL 34677
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	360 PALMDALE DR
24 CITY - ST - ZIP	OLDSMAR FL 34677
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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 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:

Valerie L. Polin

4/25/95

781-8812

Date

(System Phone #)