FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # V53070   (1)

1. Corporation Name

POLIN FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
3818 GUNN HWY TAMPA FL 33624	360 PALMDALE DR. OLDSMAR FL 34677 US

3. Date Incorporated or Qualified	3a. Date of Last Report
07/23/1992	05/01/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3134803	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite. Apt #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLIN, WILLIAM R. 360 PALMDALE DR OLDSMAR FL 34677	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 (v) *Valerie L. Polin*   6-12-96 DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **POLIN, WILLIAM R.**		1.2 NAME		
STREET ADDRESS **360 PALMDALE DR.**		1.3 STREET ADDRESS		
CITY-ST-ZIP **OLDSMAR FL**		1.4 CITY-ST-ZIP		
TITLE **D**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **POLIN, VALERIE L.**		2.2 NAME		
STREET ADDRESS **360 PALMDALE DR.**		2.3 STREET ADDRESS		
CITY-ST-ZIP **OLDSMAR FL**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: (v) *Valerie L. Polin*   6-12-96   789-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #