

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Feb 10 1998 8:00am
Secretary of State

DOCUMENT # **G13230 (9)**
1. Corporation Name
DAVID HERNANDEZ FINANCIAL SERVICES INC.



Principal Place of Business
**4815 E BUSCH BLVD
109
TAMPA FL 33617
US**

Mailing Address
**4815 E BUSCH BLVD #109
109
TAMPA FL 33617
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 111 BULLARD PARK WAY	26 111 BULLARD PARKWAY	12/14/1982	59-2237825	Not Applicable
22 SUITE 211	27 SUITE 211	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
23 TEMPLE TERRACE, FL	28 TEMPLE TERRACE, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33617	29 33617	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HERNANDEZ, DAVID J. 4815 E BUSCH BLVD STE 109 TAMPA FL 33617		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)	111 BULLARD PARKWAY	
		B3	SUITE 211	
		B4 City	TEMPLE TERRACE FL	B5 Zip Code 33617

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 _____ DATE _____
Signature type for printed name of registrant and U.S. if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, DAVID J	1.2 NAME	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, IRENE	2.2 NAME	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SVT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROENE, CHANTELE	3.2 NAME	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, DAVID K	4.2 NAME	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **X David Hernandez** 2-4-98 813-9892397

CR2E034 (10/97)