

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

FILED

Feb 17, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-17-1999 90017 014 \*\*\*\*150.00

DOCUMENT # G13230

1. Corporation Name  
DAVID HERNANDEZ FINANCIAL SERVICES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 111 BULLARD PARK WAY, STE. 211, TEMPLE TERRACE FL 33617, US  
Mailing Address: 111 BULLARD PARKWAY, STE. 211, TEMPLE TERRACE FL 33617, US

3. Date incorporated or Qualified: 12/14/1982  
4. FEI Number: 59-2237825  
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 owes the current year Intangible Personal Property Tax: Yes

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
HERNANDEZ, DAVID J.  
111 BULLARD PARKWAY  
STE. 211  
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, DAVID J	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, IRENE	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVT	<input type="checkbox"/> DELETE
NAME	GROENE, CHANTELE	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, DAVID K	
STREET ADDRESS	4815 E BUSCH BLVD STE 109	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *David Hernandez Pres.* 1-26-99 813-9892397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)