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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000094908 (7)

LOBBAN FINANCIAL GROUP, INC.,

Principal Place of Business

Mailing Address

## **FILED** Apr 22 1998 8:00am Secretary of State



5546 W. OAKLAND PARK BLVD. SUITE 200A LAUDERHILL FL \$3313		5546 W. OAKLAND PARK BLVD. SUITE 200A LAUDERHILL FL 33313		DO NOT WRITE IN THIS  3. Date incorporated or Qualified  12/14/1995	SPACE
	ace of Business	2a. Mailing Address	- 4	4. FEI Number	Applied For
21 7220 NW 44 CT 26 P.O. BOX			190638	65-0509328	Not Applicable
22 27		27 Stite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  City & State  City & State  City & State		dase	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24 272	19 25 BROWARD		Country 30 BROWAK	Personal Property Tax due June 30.	Yes No_
9, Name and Address of Current registered Agent					
305 SOUTH ANDREWS AVE.  SUITE 701  FT. LAUDERDALE FL 33301  82 Street Aggress (P.O. Box Number is Not Acceptable)  83 GOVDERHILL					
			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 eigent, or both in 10. 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 a copy file and provided in the appointment of the purpose of changing its registered agent. I am familiar with and a copy file and accept the appointment as registered agent. I am familiar with and a copy file and accept the appointment as registered agent. I am familiar with a copy file and accept the appointment as registered agent.					
SIGNATURE Signator hyper or printed name of respectived agent and title 4 gry scable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOBBAN, NORMAN A		1.2 NAME		
STREET ADDRESS	7220 N.W. 44TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY - ST - ZIP		
TITLE	D D DAN MAG I	☐ DELE <b>te</b>	2.1 TITLE		Change Addition
NAME	LOBBAN, IVIS L		2.2 NAME		
STREET ADDRESS	7220 N.W. 44TH COURT LAUDERHILL FL 33319		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAUDENDILL PL 33319	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		[_] OEEE IE	3.1 TITLE		T cualde T vocuton
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		La occera	4. 2 NAME		El cuango El recensir
STREET ADDRESS			4.3 STREET ADDRESS		
1			4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<b></b>	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 hereby c	ertify that the information supplied will	this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further c	ertify 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 of the receiver of mystee 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 an address.					