

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002087 (5)

1. Corporation Name

CITADEL FINANCIAL GROUP, INC.



Principal Place of Business

1515 LOCUST ST.
SUITE 900
PHILADELPHIA PA 19102

Mailing Address

1515 LOCUST ST.
SUITE 900
PHILADELPHIA PA 19102

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/05/1993

3a. Date of Last Report

01/18/1995

4. FEI Number

52-1641505

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

9. Name and Address of Current Registered Agent

TOBER, JOHN E
9200 S. DADELAND BLVD.
SUITE 415
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name *Tober, John E.*
82 Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVENUE, SUITE 340
83
84 City *Miami* FL 85 Zip Code *33131*

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the applicant)

Signature of New Registered Agent (if different from the applicant)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	☐ DELETE
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DCP GORENBERG, CHARLES L 1515 LOCUST ST., STE. 900 PHILADELPHIA PA 19102
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVCT FRANK, SEYMOUR 1515 LOCUST ST., STE. 900 PHILADELPHIA PA 19102
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS BREYLEY, RICHARD 1010 KINGS HWY. SOUTH, STE. E CHERRY HILL NJ 08034
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCGANN, DENISE 49 D'S COURT SEWELL NJ
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change	☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles L. Gorenberg
1/27/96 (215) 732-5555

CR2E034 (12/95)