

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

FILED

Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F93000002087 (5)**

1. Corporation Name
CITADEL FINANCIAL GROUP, INC.



Principal Place of Business ATRIUM I SUITE 204, 1000 ATRIUM WAY MT LAUREL NJ 08054 US	Mailing Address ATRIUM I SUITE 204, 1000 ATRIUM WAY MT LAUREL NJ 08054 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3001 LINCOLN DRIVE Suite, Apt. #, etc. Suite B 22 Marlton, NJ City & State 23 08053 USA Zip Country		2a. Mailing Address 26 3001 LINCOLN DRIVE WEST Suite, Apt. #, etc. Suite B 27 Marlton, NJ City & State 28 08053 USA Zip Country		3. Date Incorporated or Qualified 05/05/1993	
		4. FEI Number 52-1641505		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent TOBER, JOHN E 1404 BRICKELL AVE SUITE 340 MIAMI FL 33131		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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP GORENBERG, CHARLES L ATRIUM I SUITE 204, 1000 ATRIUM WAY MT LAUREL NJ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DCP GORENBERG, Charles L. 3001 Lincoln Drive West Suite B Marlton, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCT FRANK, SEYMOUR ATRIUM I SUITE 204, 1000 ATRIUM WAY MT LAUREL NJ	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVCT Frank, Seymour 3001 Lincoln Drive West Suite B Marlton, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BREYLEY, RICHARD 75 HADDON AVE, SUITE 100 HADDONFIELD NJ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SAME AS Before
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGANN, DENISE 49 D'S COURT SEWELL NJ	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SAME AS Before
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, JOHN J 222 BORTON MILL COURT DELRAN NJ	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SAME AS Before
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE:

Charles Gorenberg

2-13-98

988-0480

CR2E034 (10/97)