

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90031 031 ***150.00

DOCUMENT # F95000000009

1. Corporation Name
FOCUS FINANCIAL CORP.

Principal Place of Business

9341 COLLINS AVENUE
UNIT 804
SURFSIDE FL 33154

Mailing Address

9341 COLLINS AVENUE
UNIT 804
SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1995

4. FEI Number

56-1651054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 291 BAL BAY DRIVE
Suite, Apt. #, etc.

22 Suite 111

City & State

23 BAL HARBOR

Zip 33154 Country USA

24 25 33154

2a. Mailing Address

26 291 BAL BAY DRIVE
Suite, Apt. #, etc.

27 Suite 111

City & State

28 BAL HARBOR, FL

Zip 33154 Country USA

29 33154 30 USA

9. Name and Address of Current Registered Agent

PORTNOY, DAVID I
9341 COLLINS AVENUE, UNIT 804
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

291 BAL BAY DRIVE

83 SUITE 111

84 City BAL HARBOR

FL

85 Zip Code 33154

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

TITLE PTD ☐ DELETE

NAME PORTNOY, DAVID I
STREET ADDRESS 9341 COLLINS AVENUE, UNIT 804
CITY-ST-ZIP SURFSIDE FL 33154

TITLE S ☐ DELETE

NAME PORTNOY, GILBERT
STREET ADDRESS 9341 COLLINS AVENUE, UNIT 804
CITY-ST-ZIP SURFSIDE FL 33154

TITLE D ☐ DELETE

NAME PORTNOY, MARK L
STREET ADDRESS 9341 COLLINS AVENUE, UNIT 804
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 291 BAL BAY DRIVE, SUITE 111
1.4 CITY-ST-ZIP BAL HARBOR, FL 33154

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 291 BAL BAY DRIVE, SUITE 111
2.4 CITY-ST-ZIP BAL HARBOR, FL 33154

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 291 BAL BAY DRIVE, SUITE 111
3.4 CITY-ST-ZIP BAL HARBOR, FL 33154

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 PORTNOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/98
Date

305-866-2948
Daytime Phone #

CR2E034 (11/98)

0229683