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

PROFIT **CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004928 (6)

S.B.S. FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address 319 POST ROAD EAST 934 EVE STREET **WESTPORT CT 06880-3613 DELRAY BEACH FL 33483** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/11/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 06-1336135 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Country $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BUDNICK, ILENE W 934 EVE STREET 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 Zip Code 84 City 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, typod,or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition PCT 1.1 TITLE TITLE BUDNICK, ILENE W 1.2 NAME NAME 934 EVE STREET 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** 1.4 CHY - \$1 - 2IP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE SCHLICHER, WILLIAM J III 2.2 NAME NAME 934 EVE STREET 2.3 STREET ADORESS STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 2. 4 CITY: ST-ZIP DELETE Change Addition 3 1 TITLE TITLE BUGNIAZET, EDWARD A JR 3.2 NAMI NAME **18 WYNDHAM CLOSE** 3.3 STREET ADDRESS STREET ADDRESS WHITE PLAINS NY 10605 3.4. C(1) Y - S1 - Z(P) CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

14. Thereby 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.

6.3 STREET ADDRESS

FILED

Jan 26 1998 8:00am

Secretary of State