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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 21 1997 8:00am  
Secretary of State

DOCUMENT # **F96000000318 (3)**

1. Corporation Name

**ASSOCIATED FINANCIAL GROUP, INCORPORATED**



Principal Place of Business

**CENTRAL PARK, SUITE 107  
5151 BONEY ROAD  
VIRGINIA BEACH VA 23462**

Mailing Address

**CENTRAL PARK, SUITE 107  
5151 BONEY ROAD  
VIRGINIA BEACH VA 23462-4314**

3. Date Incorporated or Qualified

**01/18/1996**

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BLVD.  
PALM BEACH GARDENS FL 33418**

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 type: For printed name of registered agent, then the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PCD**

**COAKLEY, PHILLIP R**

**CENTRAL PARK, STE 107 5151 BONNEY ROAD**

**VIRGINIA BEACH VA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AVP**

**PARSONS, SAM W**

**CENTRAL PARK, STE 107 5151 BONNEY ROAD**

**VIRGINIA BEACH VA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S**

**HAWKINS JR, D B**

**CENTRAL PARK, STE 107 5151 BONNEY ROAD**

**VIRGINIA BEACH VA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**S/T**

**BUSH, JAMES R**

**5250 CHALLEDON DR**

**VIRGINIA BEACH, VA 23462**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**VP**

**THOMPSON, TIM**

**CENTRAL PARK, STE 107 5151 BONNEY RD**

**VIRGINIA BEACH, VA**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**AS**

**HAWKINS JR, D B**

**CENTRAL PARK, STE 107 5151 BONNEY RD**

**VIRGINIA BEACH, VA**

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

800-849-1956

Date

Daytime Phone #

CR2E034 (9/96)