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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004297 (5)

1. Corporation Name

CORINTHIAN CAPITAL GROUP, INC.



Principal Place of Business

2913 SW 22ND CIRCLE #36D  
DELRAY BEACH FL 33445

Mailing Address

2913 SW 22ND CIRCLE #36D  
DELRAY BEACH FL 33445-7863

2. Principal Place of Business

21 2913 SW 22nd circle

2a. Mailing Address

26 2913 SW 22nd circle

Suite, Apt. #, etc.

22 36D

Suite, Apt. #, etc.

27 36D

City & State

23 Delray Beach, FL

City & State

28 Delray Beach, FL

Zip

24 FL

Country

25 USA

Zip

29 33445

Country

30 USA

9. Name and Address of Current Registered Agent

SIDROVICH, KATERINA  
2913 SW 22ND CIRCLE #36D  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

same

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME MEDOFF, CRAIG  
STREET ADDRESS 2913 SW 22ND CIRCLE #36D  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VC ☒ DELETE

NAME LUESSENHOP, A J JR  
STREET ADDRESS 57 OBSERVATORY CIR, NW  
CITY-ST-ZIP WASHINGTON DC 20008

TITLE D ☐ DELETE

NAME MCGOWAN, BRIAN  
STREET ADDRESS 200 EAST 94TH STREET APT #3018  
CITY-ST-ZIP NEW YORK NY 10128

TITLE D ☒ DELETE

NAME ROSSI, RAYMOND N  
STREET ADDRESS 35 EAST 75TH STREET  
CITY-ST-ZIP NEW YORK NY 10021

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 same ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE delete ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE same ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE delete ☐ 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 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

Craig Medoff

561-276-7888

CR2E034 (9/96)