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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002682 (9)

COMMON SENSE FINANCIAL GROUP INC.

FILED Mar 12 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Addres	Mailing Address				f 189(188 f)[8 18th tabit bost abit abit abit abit abit abit abit abi			
12565 SPRING HILL DRIVE SPRING HILL DRIVE FL 34609			12565 SPRING HILL DRIVE SPRING HILL DRIVE FL 34609				DO NOT WRITE IN THIS SPACE			
						3. Date Incor. 05/21/1	porated or Qualified			
2. Principal Pt	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Numbe	or .		Applied For	
21		26	26			59-341	2737		Not Applicable	
Suite, Apt.	₩, etc.		Suite, Apt. #, etc.				of Status Desired	3 \$8.7	5 Additional	
22		27	27			5. Certificate	Or Status Desired L	Fee	Required	
City & State)	City & State	City & State			6. Election Co	ampaign Financing	_ \$5.0	00 May Be	
23		28				Trust Fund	Contribution L	Add	ed to Fees	
Zip	Country	Zip	c	Country			ration owes or has paid t			
24	25	29	30				roperty Tax due June 30		No No	
	g. Name and Address of Curr	ent Registered Agent	t	81	Na		Address of New Regis	rerea Agent		
TOF	RINO, JAMES			181	Na	me				
12565 SPRING HILL DRIVE					Str	eet Address (P.O. Box Nu	ddress (P.O. Box Number is Not Acceptable)			
SPF										
•				83					1	
				84	Cit	у	- 1-1-11-2 E-111-	85 Z	ip Code	
				<u> </u>	<u> </u>			FL °° '	- its registered	
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Stam m familiar with, and accept the ob-	502 and 607.1508, Flo ate of Florida. Such chi	rida Statutes, the ange was authori	sbove zed by	e-nar / the	ned corporation submits the corporation's board of dire	his statement for the purp ectors. I hereby accept th	ose of changin he appointment	as registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 60	7.0505, Florida S	tatutes	\$.	,	• ,			
SIGNATURE Slovative Need or printed page of registered arcet and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable (NOTE Regis					ent eigr		CHANGES TO OFFICER		ORS IN 12	
12.	PC		DELETE 1.1	1 TITLE		, abinome	TOTAL COLOR OF THE COLOR	Chan		
NAME	TORINO, JAMES			2 NAME				~ "		
	The state of the s				TUUD	ce UTOS LOSE	berry lane			
STREET ADDRESS	JACKSONVILLE FL 32257	1 0	1.3 STREET ADDRESS			TAMPA FL	22624			
CITY-ST-ZIP TITLE	DAORSONVILLE 1 E 02207			1 TITLE	11 - ZII	1 444 4		☐ Chan	ge Addition	
NAME		_	2.2 NAME							
STREET ADDRESS			2.3 STREE			FSS				
CITY-ST-ZIP			2.40				··**	* . *		
TITLE				1 TITLE				☐ Chan	ge 🔲 Addition	
NAME			3.1	2 NAME						
STREET ADORESS			3.	3 STREET	ADDR	ESS				
CITY-ST-ZIP			•	4. CITY-						
TITLE				1 TITLE			,	Chan	ge 🔲 Addition	
NAME			4	2 NAME						
STREET ADDRESS			4.	3 STREET	r ad dr	ESS				
CITY-ST-ZIP			4/	4 CITY-8	ST-ZIP					
TITLE			DELETE 5.	1 TITLE				Chan	ge 🔲 Addition	
NAME			5:	2 NAME						
STREET ADDRESS			. 5	3 STREET	ADDR	ESS				
CITY-ST-ZIP			5	4 CITY-5	ST-ZIP					
TITLE			DÉLE1E 6.	1 TITLE				Chan	ge 🔲 Addition	
NAME			6.	2 NAME						
STREET ADDRESS	•		6.	3 STREET	T ADDA	ESS				
CITY-ST-ZIP			6.	4 CITY - S	ST- ZIP					
		dth. this files done s					Vi) Florida Statutos I fur	ther certify that	the information	

r nereby certify that the information supplied with this tiling coos not quality for the exemption stated in Section 119.07(3)(i). Florida Statules, I further certify that the information indicated on this annual report is supplied and in the supplied of the corporation of the corporation of 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

JAMES Torino

3-3-98

352-688-1774