Mar 14, 1999 8:00 am Secretary of State

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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

MEN # G10328	В							
FINANCIAL GROUP, INC					 	SI BIBII BIBII	ELEKI OLA	
of Business	Mailing Address						••••	.,, 6.6.,
& ASSOCIATES	C/O JOTKOFF & ASSO	CIATES						
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ES FL 33027	PEMBROKE PINES FL 3	3027				110 01 710	<u> </u>	
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ace of Business	2a. Mailing Address				4. FEI Number	j	App	lied For
	26				59-2225550		Not	Applicable
#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired	+-		
	27				5. Certificate of Status Besilds	F	ee Req	uired
e	City & State				6. Election Campaign Financing			•
	28				Trust Fund Contribution	A	ided to	Fees
Country	Zíp		ntry		· ·			∐No
25		30						
9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Register	ed Agent		
COFF ALAN			٠.					
			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
		-	83					
			84	City		85	Zip C	ode
egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change wa gations of, Section 607.0505,	is authorized Florida Statu	ites.	tne corporation	n's board of directors. Thereby accept the ap	, ,	as reg	
	<u> </u>		Agei	t signature required	THE TOTAL OF THE T		ECTO	RS IN 12
			LE					☐ Addition
		12 NA	ME					
		1.3 ST	REET	ADDRESS				
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JOTKOFF, ALAN				- 1		c	hange	Addition
		2.2 NA	ME	1		C,	hange	Addition
999 WASHINGTON AVENUE				ADDRESS		,	hange	Addition
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	Country 25 9. Name and Address of Curro COFF, ALAN / 129TH AVE BROKE PINES FL 33027 to the provisions of Sections 607.03 egistered agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent, or both, in the State familiar with, and accept the oblights of the provisions of Sections 607.03 egistered Agent Age	# Of Business	# of Business	# Grame FINANCIAL GROUP, INC. By of Business By ASSOCIATES By ASSOCIATES By 120 By 129 AVE #201 By 120 AVE #2	FINANCIAL GROUP, INC. Por Business B. ASSOCIATES B. ASSOCIATES C/O JOTKOFF & ASSOCIATES 1 SW 129 AVE #201 PEMBROKE PINES FL 33027 ACC Of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 29 City & State 28 Country 25 29 30 P. Name and Address of Current Registered Agent COFF, ALAN 7 129TH AVE BROKE PINES FL 33027 B3 B4 City Country B7 B83 B4 City Country B83 B4 City Country Country Country Country Country COFFICERS AND DIRECTORS PST JOTKOFF, ALAN 999 WASHINGTON AVENUE Mailing Address C/O JOTKOFF & ASSOCIATES 1 SW 129 AVE #201 PEMBROKE PINES FL 33027 Country Zip Country Zip Country Zip Country B81 Name 82 Street Addre B82 Street Addre City Country Country Country Country Country Country 25 Country Country Country Country Country Country Country AND Country Cou	FINANCIAL GROUP, INC. So of Business Substances Substa	FINANCIAL GROUP, INC. FINANCIAL GROUP, INC. ### ASSOCIATES ### DO NOT WRITE IN THIS SPAC 3. Date Incorporated or Qualifed 10/28/1982 4. FEI Number 59-2225550	To Business Mailing Address A ASSOCIATES O DO NOT WRITE IN THIS SPACE Sure of Business A ASSOCIATES O NOT WRITE IN THIS SPACE To Not Write In THIS SPACE 3. Date incorporated or Qualified 10/28/1982 ace of Business 2a. Mailing Address 2b. DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/28/1982 3ce of Business 2a. Mailing Address 2b. File Number 59-92225550 Not 59-92225550 Not Fee Req City & State City & State City & State City & State Country 2p Country 2p Country 8. This corporation owes the current year intangible Personal Property Tax. Personal Property Tax. 9. Name and Address of Current Registered Agent (OFF, ALAN 129TH AVE BROKE PINES FL 33027 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip C 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 in genitation of registered Agent and accept the obligations of, Sections 607.0507, Florida Statutes, the above-named corporations board of directors. I hereby accept the appointment as reg in familiar with, and accept the obligations of, Sections 607.0507, Florida Statutes, the above-named corporations board of directors. I hereby accept the appointment as reg in familiar with, and accept the obligations of, Sections 607.0507, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg in familiar with, and accept the obligations of, Sections 607.0507, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg in familiar with, and accept the obligations of, Sections 607.0508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg in familiar with, and accept the obligations of, Sections 607.0508, Florida Statutes. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR

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 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

CR2E034 (11/98)