

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K28204 (1)**  
1. Corporation Name

**REGENCY FINANCIAL CORPORATION**



Principal Place of Business: 5703 LAKE WORTH RD. STE 10 LAKE WORTH FL 33463-0270 US  
Mailing Address: 5703 LAKE WORTH RD. STE 10 LAKE WORTH FL 33463-0270 US

3. Date Incorporated or Qualified: 07/13/1988  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0059800  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 5702 LAKE WORTH RD. Suite, Apt. #, etc: 22 STE 10 City & State: 23 LAKE WORTH, FL Zip: 24 33463 Country: 25 PALM BEACH  
2a. Mailing Address: 26 5702 LAKE WORTH RD. Suite, Apt. #, etc: 27 STE 10 City & State: 28 LAKE WORTH, FL Zip: 29 33463 Country: 30 PALM BEACH

9. Name and Address of Current Registered Agent: GANGI DONALD F 5702 LAKE WORTH RD. 33463 WORTH FL 33463-0270

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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 of Registered Agent (Required) and the Corporation (Required) Signature of New Agent (Required when replacing) DATE:

12. OFFICERS AND DIRECTORS  
TITLE: PD NAME: FARRANT, MICHEL A. STREET ADDRESS: 3000 WASHINGTON RD. CITY-ST-ZIP: WEST PALM BEACH FL  
TITLE: STVD NAME: GANGI, DONALD F. STREET ADDRESS: 3000 WASHINGTON RD. CITY-ST-ZIP: WEST PALM BEACH FL  
[Empty rows for other officers/directors with DELETE checkboxes]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:  
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:  
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:  
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:  
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:  
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 10 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald F. Gangi* - DONALD F. GANGI 6-7-96 407-641-8686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: DATE:

CR2E034 (3/96)