

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K28204 (1)
 1. Corporation Name
REGENCY FINANCIAL CORPORATION



Principal Place of Business 3601 W. COMMERCIAL BLVD FT LAUDERDALE FL 33309 US	Mailing Address 3601 W. COMMERCIAL BLVD FT. LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1988		4. FEI Number 65-0059800		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt #, etc. 22 41 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 41 City & State 28 Zip 29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GANGI DONALD F
3601 W. COMMERCIAL BLVD
SUITE 4
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 81 Name **MICHELE A FARRANT**
 82 Street Address (P.O. Box Number is Not Acceptable)
3000 WASHINGTON ROAD
 83
 84 City **WEST PALM BEACH** FL 85 Zip Code **33405**

11. Pursuant to the provisions of Sections 607.0102 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]* (NOTE: Registered Agent signature required when reinstating) **4-24-98** (DATE)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	FARRANT, MICHEL A.	
STREET ADDRESS	3000 WASHINGTON RD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	STVD	<input checked="" type="checkbox"/>
NAME	GANGI, DONALD F.	
STREET ADDRESS	3000 WASHINGTON RD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 or the officer 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 hereof, or on an attachment with an address

SIGNATURE: *[Signature]* **MICHELE FARRANT** **4-24-98** **954-777-0051**

CR2E034 (10/97)