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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # K9777 IUM FINANCIAL GROUP,				
Principal Place of Business 854 N DIXIE HWY LANTANA FL 33462		Mailing Address 854 N DIXIE HWY LANTANA FL 33462-1803		—	DIGIT BEGEF CIBIL DIDIT BURIT DIDET TODI
				3. Date incorporated or Qualified 06/23/1989	3a. Date of Last Report 01/26/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0137783	V Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City 8 Ctal		27			Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Oountry	Trust Fund Contribution	
24	25	⊢	30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
=:-1	9. Name and Address of Cur			10. Name and Address of New Reg	
SCH	HMID, JAMES A		81 Name		
854 N DIXIE HWY Lantana Fl 33462			82 Street Add	ress (P.O. Box Number is Not Acceptable	(e)
			63		
		•	84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508. Florida Statute	es the above-named corr	poration submits this statement for the n	
office or r	registered agent, or both, in the St	late of Florida. Such change was a	uthorized by the corporation	poration submits this statement for the pition's board of directors. I hereby accep	t the appointment as registered
	And accept the d	gradu is di, section 607.0003, no	inda Statutes.		11/21/97
SIGNATURE	Signature, typed or printed name of registered	Lagent and trie if applicable (NOT)	Registered Agent signature roqui	red when re-nstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	·····
TITLE	P AND MARKS	L DELETE	1.1 THE		L] Change 📋 Addition
NAME	SCHMID, JAMES A		1.2 NAME		
STREET ADDRESS	8765 LAKESIDE BLVD VERO BEACH RC		1.9 STREET ADDRESS		
CITY-ST-ZIP TITLE	VERO BEACH NO	DELETE	1.4 CITY-ST-7IP		D Observe D Address
NAME			2 t TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.8 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.8 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4) TITLE		Change Addition
NAME					
IVANL			4.2 NAME		
STREET ADDRESS			4.2 NAME 4.8 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.8 STREET ADDRESS 4.4 City-St-Zip		
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.9 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.8 STREET ADDRESS 4.9 CITY-ST-ZIP 5.1 THLE 5.8 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,		4.8 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.9 NAME 5.8 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.\$ STREET ADDRESS 4.\$ CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.\$ STREET ADDRESS 5.\$ CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.8 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.8 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 THLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.\$ STREET ADDRESS 4.\$ CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.\$ STREET ADDRESS 5.\$ 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 eath; 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 changed, or on an attachment with an address.

FILED

May 02 1997 8:00am

Secretary of State